Alberta Health and Wellness

Health Costing in Alberta

2005 Annual Report

Health Authority Reporting and Costing Branch
Alberta Health & Wellness

For further information on this report and its contents contact:

Health MIS and Costing Unit
Health Authority Reporting and Costing Branch
Alberta Health and Wellness
19th floor, 10025 Jasper Avenue
Edmonton, Alberta T5J 1S6

Rick Leischner, Manager
(780) 427-0664
Rick.Leischner@gov.ab.ca

OR

Shannon Roden
(780) 415-2054
Shannon.Roden@gov.ab.ca

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Frequently Used Acronyms

ACCS	Ambulatory Care Classification System
CACS	Comprehensive Ambulatory Classification System
CIHI	Canadian Institute for Health Information
CMG	Case Mix Group
CMI	Case Mix Index
HSRV	Hospital Specific Relative Value
MCC	Major Clinical Category
RIW	Resource Intensity Weight
RDRG	Refined Diagnosis Related Group
RHA	Regional Health Authority
SWRV	System Wide Relative Value

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Introduction

The Alberta Costing Partnership has successfully developed patient specific case costs for both inpatient and ambulatory care, for the seventh consecutive year. The partnership consists of five costing regions along with the department of Alberta Health and Wellness.

The 2005 Annual Report discloses the cost of cases that were handled by the participating health regions between April 1, 2003 and March 31, 2004. Cases are grouped by linking to activity data to provide appropriate summary information.

The cost information contained in this publication does not represent the provincial average cost of hospital-based services across the regional health authorities. Rather it reflects the average cost derived from the data submitted by only two health authorities for 12 different sites. The costs from these sites reflect 55 per cent of the provincial level of hospital-based inpatient activity (separations) and 28 per cent of the ambulatory care activity (visits). Although the data submitted have gone through reasonability validation, the Alberta Costing Partnership provides no external assurance over the appropriateness and completeness of cost allocations done by the health authorities.

As in prior years, schedules have been prepared grouping the inpatient costs by Case Mix Groups (CMGs) and ambulatory care costs by the Ambulatory Care Classification System (ACCS). These comprehensive schedules have been augmented in 2005 by the addition of charts in the Inpatient Information section and the Ambulatory Care Information section. These charts highlight the most significant CMGs and ACCS cells in each Major Clinical Category (MCC) and ambulatory care category respectively. Additional summary information regarding the distribution of activity by region, age, gender, procedure and diagnosis is also included.

The 2005 cost schedules were designed to meet the needs of various users. Direct and indirect cost components are provided in schedules 1 and 4. Schedules 2 and 5 provide information on cost trends and schedules 3 and 6 provide statistical data to assist users in assessing the accuracy and relevance of the cost data. Readers are encouraged to refer to the definitions of column headings on page 69.

The major driver behind health costing in Alberta continues to be its use in the calculation of each health region's funding. However, there is an increasing demand for cost information from users in the department, health authorities, and external users.

Outside Alberta, significant interest has been expressed in the work done by the Alberta Costing Partnership, with numerous inquiries received from national bodies, other provincial health ministries, researchers, universities,

major pharmaceutical companies and medical personnel. Demand for Alberta cost data continues to increase.

Alberta's Costing Partnership

Leadership of the Alberta Costing Partnership resides within the Ministry of Health and Wellness. The health authority reporting and costing branch is responsible for carrying on the health costing mandate. Health costing was done in conjunction with five regional health authorities (RHAs) that utilized a common costing framework to generate patient specific case costs. The five regions are:

- Chinook Regional Health Authority,
- Calgary Health Region,
- David Thompson Regional Health Authority,
- Capital Health, and
- Peace Country Health.

In addition to collecting and submitting cost data, each of the costing regions is expected to appoint a regional costing co-ordinator to represent its region on the Costing Function Team. Team members are expected to provide input to any discussions/decisions regarding the costing framework and process.

One of the major responsibilities of the team is to participate in the costing round table review of the provincial cost results. The participants review the statistical analysis. They also compare costs among the contributing regions and from prior years. Issues identified in this process are investigated and resolved by the team prior to publication of this report.

Contributors to 2003/2004 Costs

Although five RHAs participated in the Alberta Costing Partnership, data was only submitted from two regions – Calgary Health Region and Capital Health.

Cost data collected for 2003/2004 continued to focus on inpatient and ambulatory care services. In total, cost data submitted by the regions for inpatient services totaled over 194,000 patient records and over 1.9 million costed visits for ambulatory care.

Comparison of Cost and Activity Data Collected

	Inpatient			Ambulatory Care		
	Costed Records	Provincial Activity Reported	Costed Records as % of Activity	Costed Records	Provincial Activity Reported	Costed Records as % of Activity
1997/1998	129,000	335,000	39%	458,000	2.7 Million	18%
1998/1999	144,500	346,000	42%	1.1 Million	3.7 Million	30%
1999/2000	104,000	346,500	30%	1.1 Million	4.2 Million	26%
2000/2001	134,000	343,000	39%	1.4 Million	5.5 Million	25%
2001/2002	185,000	337,500	55%	1.5 Million	5.9 Million	25%
2002/2003	194,000	345,000	56%	1.9 Million	6.2 Million	31%
2003/2004	195,000	353,000	55%	1.9 Million	6.8 Million	28%

Cost data was provided from 12 different sites. Each site tracks costs on a patient specific basis in one or more functional centres.

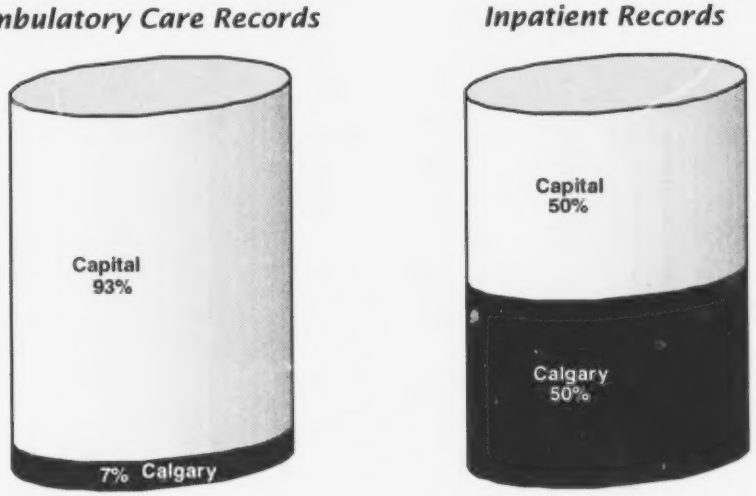
The bulk of the costs for inpatient cases flow from inpatient nursing functional centres; therefore, only sites with the ability to track nursing costs on a patient specific basis are included in this report. Since inpatients routinely receive services in other functional centres such as emergency, diagnostic imaging and laboratory services, regions have developed the capability to track costs in these centres on a patient specific basis. Where this capability does not exist, regions use allocation models to ensure that appropriate costs are properly distributed to inpatient cases.

The costs for ambulatory care cases are not reported where there are no systems to track costs on a patient specific basis in the functional centres directly providing ambulatory care. The following table outlines the facility and availability of patient specific cost information submitted in the 2003/2004 fiscal year.

2003/2004 Cost Data by Region/Facility

Regional Health Authority	Site	Inpatient	E.R.	Day Procedures	Clinics	DI	Rehab
Chinook	No cost data supplied for 2003/2004						
Calgary	AB Children's	Yes	Yes	Yes	No	Yes	No
	Foothills	Yes	No	No	No	No	No
	Rockyview	Yes	No	Yes	Yes	Yes	No
	Peter Lougheed	Yes	No	No	No	Yes	No
David Thompson	No cost data supplied for 2003/2004						
Capital	Glenrose	Yes	No	Yes	Yes	Yes	Yes
	Misericordia	Yes	Yes	Yes	Yes	Yes	Yes
	Grey Nun's	Yes	Yes	Yes	Yes	Yes	Yes
	Royal Alexandra	Yes	Yes	Yes	Yes	Yes	Yes
	U of A	Yes	Yes	Yes	Yes	Yes	Yes
	Leduc	Yes	Yes	Yes	Yes	Yes	Yes
	Sturgeon	Yes	Yes	Yes	Yes	Yes	Yes
	Northeast Community Centre	No	Yes	No	Yes	Yes	Yes
Peace Country	No cost data supplied for 2003/2004						

The following charts show the number of costed records received from each region (shown as percentages). Capital Health currently provides the bulk of the ambulatory care cost data. For the other cost pool, inpatient data, the Calgary Health Region and Capital Health provide similar amounts of data.



Processes for 2003/2004 Cost Computations

The process to develop costs once again utilized the blending of cost data. For both inpatient and ambulatory care, the 2002/2003 and 2003/2004 cost data were blended together. Blending two years of cost data increased the database size, which reduced the number of low-volume cells, as well as improved the stability of costs.

In the past, low-volume cells were topped up with cost records from the remaining set of cost data (data from 1997/1998 to 2001/2002). However, in April 2002, abstract coding switched from ICD-9-CM to ICD-10-CA/CCI. This switch had a significant impact on the grouping process. When the 2002/2003 data was reviewed, a number of records did not flow into the same groups as they would have in the previous year. Therefore, the cost data from previous years cannot be used for top up.

While not necessary in computing relative values, in order to combine the data and still arrive at appropriate average case costs, it was necessary to inflate the historical data. An inflation rate of 4.6% was applied to the 2002/2003 data.

The data submitted was edited for reasonability. The following list describes the type of edit checks used:

1. Ambulatory care
   a) exclude any visits which did not include allocated overhead costs
   b) exclude any visits grouped to ACCS 3 (nerve injections) with a case cost less than $16.00

c) exclude any visits grouped to intervention cells (ACCS groups between 1.1 and 99), excluding ACCS 3 (nerve injections), with a case cost less than $21.00
d) exclude any visits grouped to ACCS 1062, 1101, 1111, 1121, 1201, 2021, 2022, 2051, 2063, 2070, 2082, or 2099 with a case cost less than $5.00
e) exclude any visits grouped to clinical cells not specified in 1.d) with a case cost less than $11.00

2. Inpatient
   a) exclude any visits with a case cost of less than $200.00 if the length of stay is not one day or less
   b) exclude any cases without nursing costs
   c) exclude any visits with a cost per day less than $100.00
   d) exclude any visits which did not include allocated overhead costs
   e) exclude any visits beyond the trim point

The rest of the costing process remained constant with prior years' cost development.

Data Flows

Cost data collected by the participating RHAs is forwarded to the health authority reporting and costing branch of Alberta Health and Wellness on an annual basis.

Processing of the raw cost data is done at Alberta Health and Wellness with the results reviewed and validated in consultation with the Costing Function Team. The process ultimately results in the development of patient specific case costs, average costs and relative values. The processed cost records reside in the Alberta Health and Wellness database and are available for extraction for research and management purposes subject to the provisions of the *Health Information Act*.

One of the primary users of the information is the health funding unit at Alberta Health and Wellness. For ambulatory care, the system wide relative values are used in the funding formula. Funding for Province Wide Services uses the average costs from the inpatient data.

CIHI is also a significant user of the costing results. The final set of cost data is sent to CIHI to be combined with cost data from Ontario and British Columbia to develop national weights. One set of weights produced is the Resource Intensity Weights (RIWs) by Case Mix Groups. The health funding unit uses these RIWs in the funding formula for inpatient care.

The other major users of data are the regional health authorities. Finalized cost and activity data are provided back to the regions in a summarized format. Regions use cost data for rate setting with third party payers and providers, revenue analysis, financial planning, evaluation, and

benchmarking. In summary, various users have used the cost information to improve resource allocation and consumption decisions.

Data Collection Processes

The costing exercise is heavily dependent upon data collection systems. There are two components to the data utilized by Alberta Health and Wellness in developing case costs: activity data and patient specific cost data.

Activity Data

Patient specific activity data is collected by all regions and represents unique information for each particular service. For example, the activity data includes:

- patient demographics (birthdate, personal health number, gender, etc.),
- responsibility for payment,
- procedure/diagnosis codes,
- service dates,
- service location,
- patient disposition, and
- provider type.

"...[A]mbulatory care data includes data from traditional hospital-based programs (such as Emergency and Day Surgery), as well as services delivered in community based settings (such as outpatient clinics) [or private clinics], ... primary and secondary prevention as well as diagnosis, patient education, treatment, and rehabilitative services."[1]

Inpatient data include hospital discharge data from acute, chronic and rehabilitative facilities (which includes psychiatric institutions and cancer facilities). As the facilities are reporting the activities in a fiscal year, the activity records include visits from Alberta residents, as well as residents from other provinces or from other countries.

All health regions send both the ambulatory care and inpatient activity data directly to Alberta Health and Wellness using the Morbidity and Ambulatory Care Abstracting Reporting (MACAR) system. The ambulatory care data is grouped with the Alberta-developed Ambulatory Care Classification System (ACCS) grouper. Inpatient activity data is collected and submitted to CIHI, where it is incorporated into the Discharge Abstract Database (DAD). CIHI groups this data using a CMG grouper. A file containing the group codes is returned to Alberta Health and Wellness. After the fiscal year has closed,

[1] *Ambulatory Care in Alberta Using Ambulatory Care Classification System Data*, Alberta Health and Wellness, August 2004, p. 1.

modifications are made to some of the inpatient records and then the file is regrouped internally using a desktop version of the CMG grouper.

Cost Data

The costing regions provide patient specific cost data for both ambulatory and inpatient services. A concerted attempt has been made to parallel the two processes, in keeping with the overall costing framework. Cost data from the regions is submitted directly to Alberta Health and Wellness. This cost data does not include payments made to Alberta physicians or allied practitioners. For information on these payments, please refer to the *Alberta Health Care Insurance Plan Statistical Supplement*. The 2003/2004 version is available on the Alberta Health and Wellness website in the News/Media/Resources/Annual Reports section.

Although the data is submitted only once a year, the regions may send monthly, quarterly, or annual cost files. These files include, for each case, common information that is used to link the data. In addition, the files contain the following diverse information:

1. Patient specific supply costs
   - patient specific drug costs
   - patient specific supply costs

   These are supply costs that can be directly assigned to specific patients (e.g. operating room supplies, drugs dispensed on a prescription or unit dose basis).

2. Other patient specific cost data
   - Functional centre direct costs: include all costs (salaries, drugs, medical, and surgical supplies) and other expenses in the patient care functional centres (called absorbing cost centres) for services provided directly to patients. Also, included in these costs are the direct administrative costs associated with the administration of a patient care area, such as salaries of patient care managers and medical staff administration.
   - Functional centre indirect costs: include costs associated with the administration and support functional centres (called transient cost centres). These indirect expenditures are allocated to patient care functional centres. Examples of these types of costs are general administration and support services such as finance, material management, facilities management, registration, patient food services, and health records.
   - Non-specific patient drug allocation: are costs for ward stock and other drugs that could not be directly assigned to specific patients.

The submitted costs do not include expenditures not related to patient care. For instance, amortization of building and leasehold improvements, contributed services, or full cost of ancillary operations is excluded.

Cost Data Processes

The data from the cost data files is initially summarized into one record that includes the total case cost. The second step in the process is to link these costed cases with the separate activity files to derive group assignments. Once linked, the relative values and average costs by group are calculated.

Trimming Data

Trimming of cost data is a standard practice in the calculation of average case costs and relative values for each cell or group. The trimming process results in the exclusion of those cases that are atypical from these calculations. Because of the trending analysis issue with the ICD-10-CA/CCI coding system, this year trimming of inpatient cases in Alberta was based only on the length of stay (LOS) from the past two years of Alberta inpatient discharges. A trim point is determined for each group. Any case with a length of stay beyond the trim point is considered an outlier or an atypical case with an associated higher cost. The rationale for trimming is that the retention of outliers in the relative value and average cost calculations would lead to the potential over-valuation of services.

The formula used in calculating the inpatient trim point is applied to data from the Discharge Abstract Database and is outlined below:

(LOS of third quartile) + (2 * (LOS of third quartile – LOS of first quartile))

An acceptable measure for use in trimming ambulatory care data has not been identified. During the review/validation of 1998/1999 costs, the application of a trim point for each ACCS cell based on plus or minus three standard deviations from the cell mean was considered. Upon reviewing the results of this approach, the Costing Function Team determined that this method of trimming would not be employed, as it appeared to exclude a significant number of valid cases.

Grouping of Data

Nationally, CIHI sponsors the use of the Case Mix Groups (CMG) grouper for inpatient cases. They have developed Resource Intensity Weights (RIWs) for each CMG. The health funding and economics branch began utilizing these RIWs in the 2001/2002 funding calculations.

For grouping of ambulatory care data, the Alberta-developed Ambulatory Care Classification System (ACCS) is used. CIHI also sponsors a national ambulatory care grouper, Comprehensive Ambulatory Classification System

(CACS), which is modeled upon Alberta's ACCS. Discussions regarding the merit of switching from ACCS to CACS are ongoing. Until a final decision is made, the ambulatory care cost results will be produced by ACCS.

CMG Grouper

The CMG grouper groups patients together who are similar in terms of resources used. The variables required to define the Case Mix Groups are:

- most responsible diagnosis,
- weight (for neonates),
- presence or absence of operating room procedures,
- surgical hierarchy/medical hierarchy, and
- diagnosis types 1, 2, W, X, and Y.[2]

The complexity overlay on the CMG codes enhances the prediction of utilization of acute care resources within medical/surgical specialties. A complexity level is not applied to a CMG code unless it improves homogeneity in length of stay (LOS) or total resource use. The variables used in assigning the complexity levels are:

- major clinical categories/case mix groups,
- pre-admission comorbidity (type 1 diagnosis),
- post-admission comorbidity (type 2 diagnosis),
- service transfer diagnosis (type W, X, or Y diagnosis)
- comorbidity grades,
- number of body systems involved, and
- number of "complex" comordities.[3]

The complexity levels are as follows:

Plx 1 – no complexity,
Plx 2 – complexity related to chronic conditions,
Plx 3 – complexity related to serious/important conditions,
Plx 4 – complexity related to potentially life-threatening conditions, and
Plx 9 – complexity not applied (for instance, the complexity may already be captured within the CMG assignment methodology).[4]

A Plx group is the combination of CMG code + Plx Level. CIHI also applies an age overlay to each Plx group based on the age of the patient:

1 – 0 to 17 years old,
2 – 18 to 69 years old, and
3 – 70 plus years old.

[2] *Grouping Methodologies: CMG™ and Plx™*, Canadian Institute for Health Information, Revised 2000, p. 9.
[3] Ibid., p. 21.
[4] Ibid., p. 24.

There are 478 CMG codes and 1588 Plx groups. When the age overlay is applied to these Plx groups, the result is 4760 new codes (commonly referred to as Aplx cells). Unfortunately, there are low volume concerns for the majority of these Aplx cells using the Alberta costing data. Therefore, the cost results by CMG code + Plx level + age group are not published in this report.

The final set of 2003/2004 inpatient data was classified using the CMG 2003 Version 2.0 Desktop Grouper. A relative value was calculated for most CMG groups. After the costing calculations were complete, there were four Plx groups where activity existed in the morbidity file but no relative value was derived. For these Plx groups, system wide relative values were estimated based on related Plx groups.

ACCS Grouper

The Ambulatory Care Classification System (ACCS) was developed in Alberta. The project began in 1989 under the direction of Alberta Health and Wellness with the intent to create an ambulatory care grouper tailored to Alberta specifications. The project began with a review of existing groupers (DPGs, PACs, EDGs) and used these building blocks, in combination with Alberta data, to develop ACCS.

To run the ACCS grouper the required data consists of patient demographics and visit related information such as diagnosis/procedure code, mode of service, date of service, patient disposition, etc. The ACCS grouper used to classify the cost data this year was composed of 426 groups.

Originally, average costs were not calculated for 19 ACCS groups, as no cost data was submitted for these groups in the past two years. Of these 19 groups, 11 groups had activity reported in 2003/2004. As mentioned, the costing results are used in regional funding calculations. As part of this calculation, every activity record is assigned a cost value. Consequently, average costs must be estimated for the missing ACCS groups. Based on recommendations from the Costing Function Team, reliable estimates for these cells were based on related ACCS groups or the overall average cost. In total, there were 418 groups populated with an average cost; the remaining eight ACCS groups were not used in the funding formula.

The authors and managers of ACCS have the ability to modify the grouper based on Alberta results, or to meet specific needs within the province. For instance, a review of the resource homogeneity of a number of ACCS grouper cells was undertaken in early 2000. In addition to an examination of the relative resource homogeneity of each of the groups, a review was done of the need for a number of under-populated or similar groups.

Grouping Results

Each of the schedules includes a list of the ACCS or CMG group numbers along with the descriptive name of each group. For more information on the

contents of each group (i.e. ICD-10-CA/CCI codes), it will be necessary for interested parties to go to source documents for the respective groupers. Information on the ACCS grouper can be obtained from the health funding and economics branch of Alberta Health and Wellness (780-427-7040).

Only a small number of ungroupable records were found in both the inpatient and ambulatory care activity and cost submissions.

Data Top Up

In the past, the availability of five years of consistent cost data resulted in a much more extensive data set upon which to base average costs and also a reduced requirement to rely upon other jurisdictions' data for top-up. Top-up is the generally accepted practice of supplementing any low volume cells with cost data from historical data or another jurisdiction. No attempt is made to top-up any cells for which no cases had been reported within the province.

Determining the top-up threshold is somewhat a subjective decision. In Alberta, the standard has been set at five, meaning that any cell with four or fewer cost records will require topping-up with additional cost data.

Unfortunately, the comparability of years is no longer reliable with the switch from the ICD-9-CM classification system to ICD-10-CA/CCI systems. Consequently, top-up was not used in the 2003/2004 costing process.

Contribution to National Weights

Alberta Health and Wellness provided CIHI with inpatient and ambulatory care case costs in previous years. It is expected that the final costs from 2003/2004 for inpatient and ambulatory care will also be provided to CIHI, for use in the development of future national weights.

Resource Intensity Weights

On an annual basis, Canadian Institute for Health Information (CIHI) develops and publishes a schedule of Resource Intensity Weights (RIWs) based on their CMG grouper. RIWs are also published for Day Procedure Groups (DPGs). According to CIHI's Web page[5]

[5] Canadian Institute for Health Information. *RIW™ and Expected Length of Stay Methodology* [cited 15 May 2003]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_riw_ e>.

"The Resource Intensity Weights (RIW) system is a relative resource allocation methodology for estimating a hospital's inpatient specific costs for both acute and day procedure care. RIW is used to standardize the expression of hospital case volumes, recognizing that not all patients require the same health care resources. Volume is then expressed as "weighted cases".

"Uses

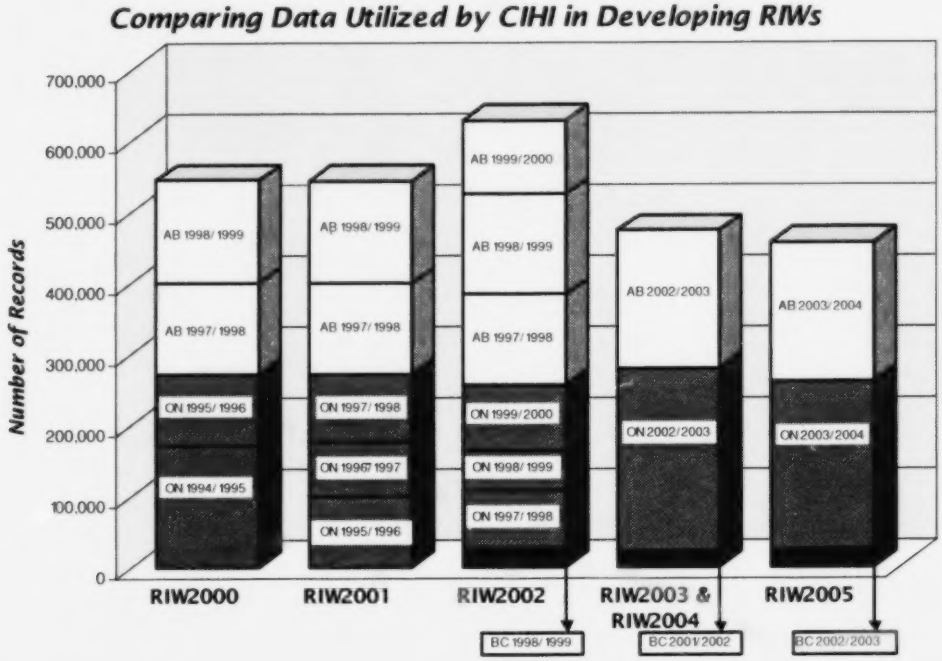
- translating case mix data into cost data
- determining unit costs for atypical cases
- identifying priorities by CMG for utilization management
- planning new programs
- evaluating program efficiency"

The national RIW technical working group reviewed the initial data submitted for costing by Alberta Health and Wellness. They assessed it against the following criteria:

- the methodology for capturing cost data must be documented,
- sufficient data volume must exist,
- supply of data should be available on a timely basis, and
- data must be statistically valid.

The review concluded that the quality as well as comparability with existing Ontario data made Alberta data an excellent contributor to the national RIWs. The all-Canadian RIW information is believed to be more reflective of the non-profit environment in Canada (previously RIW included cost data from the United States).

Starting with RIW2002, data from British Columbia was also included in the development of RIWs. The set of data utilized to develop the RIWs changes cyclically as the contributors continue to send updated records from more recent years.



Ambulatory Cost Weights

CIHI also develops Ambulatory Cost Weights (ACW) for the ambulatory care data grouped by CACS. According to CIHI's web page[6]

> "ACW are made to be relative to the average cost of a specific group of patients. This is known as a 'fixed' anchor point. The mean cost against which all others are compared is the mean cost for CACS cell 75, "Hemodialysis". The CACS cell for dialysis is chosen because it represents a very specific patient population and makes up a large proportion of the cost database (>100,000 records). This large sample size ensures a stable estimate of the true cost of performing the service."
>
> "Uses
>
> - translating CACS data into cost data
> - determining costs for atypical cases
> - identifying priorities by CACS group for utilization management
> - planning new programs § evaluating program efficiency"

[6] Canadian Institute for Health Information. *Ambulatory Cost Weights* [cited 8 July 2005]. Available from: <http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=casemix_acw_ e>.

At this point in time, only data from Alberta has been used to develop these weights. It is expected that data from both Alberta and Ontario will be used in the future.

Conclusion

In its seventh year, the Alberta Costing Partnership has once again produced Alberta costs for both inpatient and ambulatory care. The significance of this achievement can be demonstrated by the widening interest, which continues to be expressed by other health organizations and researchers. In particular, the contribution and acceptance of Alberta cost data in the development of national Resource Intensity Weights through CIHI attests to the quality of the work that has been done in the province. As well, Alberta continues to lead the rest of the country in comprehensively collecting and costing ambulatory care data.

The continued success of the Alberta Costing Partnership could not have occurred without the dedication and commitment of RHA and Alberta Health and Wellness staff. The cost results included in this report are the product of many hours of effort, an achievement of which all participants can be proud.

The health authority reporting and costing branch would like to thank all those individuals who have contributed to this work and look forward to continuing the partnership.

Inpatient Information

This section contains detailed inpatient information grouped into 25 categories, the Major Clinical Categories (MCC). MCCs are based on body systems or specific types of clinical problems. Each MCC is split into partitions:

- Surgical – a procedure used in CMG assignment was performed during the visit
- Medical – no procedures used in CMG assignment were performed during the visit
- Surgical/Medical – corresponding CMG code could be surgical or medical depending on the MCC

- The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:
  O – other, for transsexuals or hermaphrodites
  U – undifferentiated, for stillbirths only

- The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown is as follows:

0 to 17 years old	773,336	(24%)
18 to 69 years old	2,157,681	(68%)
70 plus years old	233,735	(7%)
	3,164,752	

- Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Service provider refers to the regional health authority the hospital is located in. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.

- The table displaying the Top Five CMG Groups Based on Activity for Medical Partitions lists some of the common principal diagnosis codes. The principal diagnosis code is[1]:
  "'the one diagnosis that describes the most significant condition of a patient that causes his/her stay in hospital'. This may not always be the condition for which the patient is admitted."
  - The diagnosis groupings are based on the first three digits of the principal diagnosis.
  - At least 75 per cent of the records within the CMG will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for CMGs with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
  - The activity and average costs are for the entire CMG; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
  - For CMG 997: Stillbirths, an average cost cannot be calculated, as there are no cost records submitted.
  - Tables containing less than five CMGs include all CMGs belonging to the medical partition in that MCC.

[1] *CMG™/PIx™ Directory 2003 ICD-10-CA/CCI Version (Nov 2003): Introduction -- CMG Methodology Overview.* Canadian Institute for Health Information.

- The table displaying the Top Five CMG Groups Based on Activity for Surgical Partitions lists some of the most common principal intervention codes (coded as first intervention). The principal intervention code is[2]

  "the intervention considered to be most significant during the patient's hospital stay."

  - The intervention groupings are based on the rubrics, first five digits of the principal intervention.
  - At least 75 per cent of the records within the CMG will have one of the listed rubrics as the principal intervention. The exception would be for CMGs with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
  - The activity and average costs are for the entire CMG; that is, based on all intervention codes not just those representing 75 per cent of the records.
  - Tables containing less than five CMGs include all CMGs belonging to the surgical partition in that MCC.

Due to resource constraints, minor data flaws have not been completely purged from the data. For example, activity data indicate that a few women over 70 years of age received services relating to Pregnancy & Childbirth. Occasionally, fields relating to gender may have been empty.

[2] DAD Abstracting Manual 2003-2004 Edition All Provinces Information", Canadian Institute for Health Information, p. 6.11-1.

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

	Activity	% of Partition	Average Cost
001: Craniotomy Procedures Excision partial, brain; Drainage, ventricles of brain; Drainage, meninges and dura mater of brain; Occlusion, intracranial vessels; Excision partial, meninges and other dura mater of brain	1,175	50%	$14,334
004: Extracranial Vascular Procedures Extraction, carotid artery; Dilation, carotid artery	367	16%	$6,621
040: Tracheostomy and Gastrostomy Procedures Implantation of internal device, stomach; Bypass with exteriorization, trachea; Occlusion, intracranial vessels; Magnetic resonance imaging, brain; Drainage, ventricles of brain; +++	239	10%	$81,083
003: Spinal Procedures Release, spinal cord; Excision total, ribs; Repair, spinal vertebrae; Drainage, spinal canal and meninges; Excision partial, spinal cord; +++	165	7%	$9,715
006: Carpal Tunnel Release and Specified Nervous System Procedures Release, nerve(s) of forearm and wrist; Release, nerve(s) of upper arm and elbow; Excision total, thymus; Repair by increasing size, tendons of ankle and foot; Excision partial, brachial plexus; +++	117	5%	$5,525

Gender

Female	5,792
Male	5,892
Other	2

Age Groups

Surgical Partitions	
0 to 17 years old	339
18 to 69 years old	1,404
70 plus years old	622
Medical Partitions	
0 to 17 years old	1,146
18 to 69 years old	4,506
70 plus years old	3,669

MCC 01: Diseases & Disorders of the Nervous System

	Activity	
Surgical Partitions	2365	(20%)
Medical Partitions	9321	(80%)
Total	11,686	

Region of Residence

Chinook Regional Health Authority	694
Palliser Health Region	539
Calgary Health Region	3,093
David Thompson Regional Health Authority	1,457
East Central Health	738
Capital Health	2,868
Aspen Regional Health Authority	955
Peace Country Health	638
Northern Lights Health Region	212
Non-resident / Unknown	492

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

	Activity	% of Partition	Average Cost
022: Seizure and Headache Episodic and paroxysmal disorders (G40-G47); General symptoms and signs (R50-R69)	2,635	28%	$3,259
013: Specific Cerebrovascular Disorders except Transientischemic Attacks Cerebrovascular diseases (I60-I69)	2,625	28%	$8,090
014: Transient Ischemic Attacks and Precerebral Occlusions Episodic and paroxysmal disorders (G40-G47)	1,162	12%	$3,952
028: Other Nervous System Diagnoses Symptoms and signs involving the nervous and musculoskeletal systems (R25-R29); Other disorders of the nervous system (G90-G99); Extrapyramidal and movement disorders (G20-G26); Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90-F98); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23)	699	7%	$6,612
010: Neoplasm of Nervous System Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Malignant neoplasms of eye, brain and other parts of central nervous system (C69-C72)	454	5%	$7,713

Service Provider

Alberta Cancer Board	57
Mental Health Board	40
Chinook Regional Health Authority	539
Palliser Health Region	415
Calgary Health Region	3,803
David Thompson Regional Health Authority	1,133
East Central Health	510
Capital Health	3,937
Aspen Regional Health Authority	590
Peace Country Health	509
Northern Lights Health Region	153

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
052:	Retinal Procedures Excision total, vitreous; Destruction, retina; Release, retina	1,202	59%	$1,923
050:	Orbital Procedures Implantation of internal device, sclera; Excision total, vitreous; Destruction, retina; Repair, soft tissue of orbit and eyeball NEC	404	20%	$2,185
055:	Lens Insertion (MNRH) Excision total, lens; Excision total, vitreous	167	8%	$2,736
051:	Other Intraocular Procedures Transplant, cornea; Drainage, anterior chamber (of eye); Repair, cornea	130	6%	$2,059
057:	Other Ophthalmic Procedures (MNRH) Bypass, lacrimal excretory system; Transfer, ocular muscles and tendons	67	3%	$1,507

Gender

Female	1,071
Male	1,300

Age Groups

Surgical Partitions	
0 to 17 years old	73
18 to 69 years old	1,297
70 plus years old	666
Medical Partitions	
0 to 17 years old	102
18 to 69 years old	147
70 plus years old	86

MCC 02: Diseases & Disorders of the Eye

	Activity	
Surgical Partitions	2,036	(86%)
Medical Partitions	336	(14%)
Total	2,371	

Region of Residence

Chinook Regional Health Authority	72
Palliser Health Region	66
Calgary Health Region	557
David Thompson Regional Health Authority	253
East Central Health	156
Capital Health	806
Aspen Regional Health Authority	139
Peace Country Health	100
Northern Lights Health Region	51
Non-resident / Unknown	171

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
063:	Other Ophthalmic Diagnoses (MNRH) Injuries to the head (S00-S09); Disorders of choroid and retina (H30-H36); Disorders of ocular muscles, binocular movement, accommodation and refraction (H49-H52); Visual disturbances and blindness (H53-H54); Disorders of eyelid, lacrimal system and orbit (H00-H06); +++	210	63%	$3,031
060:	Major Eye Infections Disorders of eyelid, lacrimal system and orbit (H00-H06); Viral infections characterized by skin and mucous membrane lesions (B00-B09)	94	28%	$3,994
483:	Diabetes Diabetes mellitus (E10-E14)	21	6%	$3,608
062:	Hyphema Injuries to the head (S00-S09)	10	3%	$2,213

Service Provider

Alberta Cancer Board	1
Chinook Regional Health Authority	9
Palliser Health Region	18
Calgary Health Region	804
David Thompson Regional Health Authority	34
East Central Health	25
Capital Health	1,420
Aspen Regional Health Authority	14
Peace Country Health	34
Northern Lights Health Region	12

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
093:	Tonsillectomy and Adenoidectomy Procedures (MNRH) Excision total, tonsils and adenoids	1,554	35%	$2,026
083:	Reconstructive ENT Procedures Repair, maxilla with mandible; Repair, mandible; Repair, maxilla; Construction or reconstruction, external ear NEC	409	9%	$5,782
088:	Ethmoidectomy (MNRH) Excision partial, paranasal sinuses; Repair, nose	366	8%	$2,175
077:	Less Extensive Head and Neck Procedures Repair by decreasing size, uvula; Excision partial, tongue; Excision partial, nasal cartilage; Occlusion, other vessels of head, neck and spine NEC; Reduction, nose; +++	272	6%	$3,034
085:	Mastoid Procedures Excision total, mastoid (process); Excision radical, mastoid (process); Implantation of internal device, cochlea	210	5%	$11,691

Gender

Female	4,695
Male	5,189

Age Groups

Surgical Partitions	
0 to 17 years old	1,968
18 to 69 years old	2,145
70 plus years old	283
Medical Partitions	
0 to 17 years old	1,844
18 to 69 years old	2,478
70 plus years old	1,166

MCC 03: Diseases & Disorders of Ear, Nose, Mouth & Throat

	Activity	
Surgical Partitions	4,396	(44%)
Medical Partitions	5,488	(56%)
Total	9,884	

Region of Residence

Chinook Regional Health Authority	422
Palliser Health Region	701
Calgary Health Region	1,679
David Thompson Regional Health Authority	1,504
East Central Health	938
Capital Health	2,180
Aspen Regional Health Authority	1,036
Peace Country Health	743
Northern Lights Health Region	282
Non-resident / Unknown	399

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
115:	Miscellaneous ENT Diagnoses (MNRH) Episodic and paroxysmal disorders (G40-G47); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	1,286	23%	$1,551
102:	Dysequilibrium Symptoms and signs involving cognition, perception, emotional state and behaviour (R40-R46); Diseases of inner ear (H80-H83)	953	17%	$2,489
104:	Influenza Acute upper respiratory infections (J00-J06); Influenza and pneumonia (J10-J18)	902	16%	$2,906
114:	Sore Throat (MNRH) Acute upper respiratory infections (J00-J06); Other diseases of upper respiratory tract (J30-J39)	807	15%	$2,092
116:	Croup (MNRH) Acute upper respiratory infections (J00-J06)	585	11%	$1,619

Service Provider

Alberta Cancer Board	44
Chinook Regional Health Authority	374
Palliser Health Region	757
Calgary Health Region	1,865
David Thompson Regional Health Authority	1,890
East Central Health	724
Capital Health	2,543
Aspen Regional Health Authority	912
Peace Country Health	598
Northern Lights Health Region	177

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
127:	Major Respiratory Procedures Biopsy, lung; Excision partial, pleura; Drainage, pleura; Excision partial, lobe of lung; Inspection, lung; +++	512	28%	$13,278
126:	Resection of Lung Excision partial, lobe of lung; Excision total, lobe of lung; Excision partial, lung NEC	444	24%	$10,755
129:	Other Respiratory Procedures Biopsy, mediastinal lymph nodes; Inspection, bronchus; Biopsy, bronchus	202	11%	$4,341
125:	Tracheostomy Bypass with exteriorization, trachea; Ventilation, respiratory system NEC	182	10%	$106,172
901:	Non-extensive Unrelated O.R. Procedures Ventilation, respiratory system NEC; Implantation of internal device, vena cava (superior and inferior); Excision total, gallbladder; Inspection, abdominal cavity; Drainage, circulatory system NEC; +++	136	7%	$14,411

Gender

Female	12,474
Male	13,471
Other	1

Age Groups

Surgical Partitions	
0 to 17 years old	160
18 to 69 years old	1,116
70 plus years old	543
Medical Partitions	
0 to 17 years old	6,094
18 to 69 years old	8,305
70 plus years old	9,728

MCC 04: Diseases & Disorders of the Respiratory System

	Activity	
Surgical Partitions	1,819	(7%)
Medical Partitions	24,127	(93%)
Total	25,946	

Region of Residence

Chinook Regional Health Authority	1,612
Palliser Health Region	1,043
Calgary Health Region	6,438
David Thompson Regional Health Authority	3,427
East Central Health	1,541
Capital Health	6,232
Aspen Regional Health Authority	2,464
Peace Country Health	1,736
Northern Lights Health Region	751
Non-resident / Unknown	702

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
143:	Simple Pneumonia and Pleurisy Influenza and pneumonia (J10-J18)	7,737	32%	$5,037
142:	Chronic Bronchitis Chronic lower respiratory diseases (J40-J47)	3,552	15%	$4,914
146:	Asthma Chronic lower respiratory diseases (J40-J47)	2,704	11%	$2,476
145:	Tracheobronchitis Other acute lower respiratory infections (J20-J22)	2,664	11%	$3,574
140:	Chronic Obstructive Pulmonary Disease (COPD) Chronic lower respiratory diseases (J40-J47)	2,391	10%	$6,072

Service Provider

Alberta Cancer Board	95
Chinook Regional Health Authority	1,568
Palliser Health Region	1,010
Calgary Health Region	6,883
David Thompson Regional Health Authority	3,313
East Central Health	1,418
Capital Health	7,106
Aspen Regional Health Authority	2,124
Peace Country Health	1,721
Northern Lights Health Region	708

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
189:	Percutaneous Transluminal Coronary Angioplasty w/o Complic Cardiac Conditions Dilation, coronary arteries	2,123	20%	$7,463
188:	Percutaneous Transluminal Coronary Angioplasty w Complicating Card Conditions Dilation, coronary arteries; Xray, heart with coronary arteries; Pharmacotherapy, total body; Ventilation, respiratory system NEC; Extraction, coronary arteries; +++	1,763	17%	$10,926
179:	Coronary Bypass with Heart Pump without Cardiac Cath Bypass, coronary arteries	1,433	13%	$17,682
186:	Permanent Pacemaker Implant without Complicating Cardiac Conditions Implantation of internal device, heart NEC; Implantation of internal device, endocardium	1,038	10%	$16,249
177:	Cardiac Valve Replacement with Heart Pump without Cardiac Cath Excision total with reconstruction, aortic valve; Excision total with reconstruction, mitral valve	558	5%	$24,020

MCC 05: Both Cardiac and Vascular Diseases & Disorders of Circulatory System

	Activity	
Surgical Partitions	10,658	(30%)
Medical Partitions	24,447	(70%)
Total	35,105	

Gender

Female	14,726
Male	20,379

Age Groups

Surgical Partitions	
0 to 17 years old	421
18 to 69 years old	6,179
70 plus years old	4,058
Medical Partitions	
0 to 17 years old	251
18 to 69 years old	11,334
70 plus years old	12,862

Region of Residence

Chinook Regional Health Authority	2,261
Palliser Health Region	1,667
Calgary Health Region	9,512
David Thompson Regional Health Authority	4,905
East Central Health	2,093
Capital Health	7,469
Aspen Regional Health Authority	2,748
Peace Country Health	2,105
Northern Lights Health Region	564
Non-resident / Unknown	1,781

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
222:	Heart Failure Other forms of heart disease (I30-I52)	4,444	18%	$6,240
237:	Arrhythmia Other forms of heart disease (I30-I52)	3,232	13%	$4,122
242:	Chest Pain Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	3,055	12%	$2,345
208:	AMI without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,793	7%	$5,273
213:	Unstable Angina without Cardiac Cath without Specified Cardiac Conditions Ischaemic heart diseases (I20-I25)	1,334	5%	$3,342

Service Provider

Alberta Cancer Board	36
Chinook Regional Health Authority	1,837
Palliser Health Region	1,344
Calgary Health Region	11,669
David Thompson Regional Health Authority	4,115
East Central Health	1,621
Capital Health	10,242
Aspen Regional Health Authority	2,024
Peace Country Health	1,758
Northern Lights Health Region	459

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
253:	Major Intestinal and Rectal Procedures Excision partial, large intestine; Excision partial, small intestine; Excision partial, rectum	2,444	19%	$11,667
262:	Simple Appendectomy Excision total, appendix	2,294	18%	$2,975
269:	Bilateral or Complex Unilateral Hernia Procedures Repair, muscles of the chest and abdomen	1,696	13%	$3,341
251:	Gastrostomy and Colostomy Procedures Excision total, rectum; Excision partial, rectum; Bypass with exteriorization, large intestine; Bypass with exteriorization, small intestine; Excision total, large intestine; +++	1,153	9%	$18,919
255:	Less Extensive Esophageal, Stomach and Duodenum Procedures Repair, esophagus; Reattachment, small intestine; Reattachment, large intestine; Repair, small intestine	941	7%	$8,050

MCC 06: Diseases & Disorders of the Digestive System

	Activity	
Surgical Partitions	12,825	(39%)
Medical Partitions	20,467	(61%)
Total	33,292	

Gender

Female	17,066
Male	16,226

Age Groups

Surgical Partitions	
0 to 17 years old	1,533
18 to 69 years old	8,428
70 plus years old	2,864
Medical Partitions	
0 to 17 years old	2,875
18 to 69 years old	10,985
70 plus years old	6,607

Region of Residence

Chinook Regional Health Authority	1,960
Palliser Health Region	1,499
Calgary Health Region	8,644
David Thompson Regional Health Authority	4,563
East Central Health	2,177
Capital Health	7,578
Aspen Regional Health Authority	2,900
Peace Country Health	2,062
Northern Lights Health Region	834
Non-resident / Unknown	1,075

Service Provider

Alberta Cancer Board	109
Chinook Regional Health Authority	1,913
Palliser Health Region	1,437
Calgary Health Region	9,236
David Thompson Regional Health Authority	4,318
East Central Health	1,946
Capital Health	9,300
Aspen Regional Health Authority	2,128
Peace Country Health	2,130
Northern Lights Health Region	775

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
294:	Esophagitis, Gastroenteritis and Miscellaneous Digestive Disease Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63); Diseases of oesophagus, stomach and duodenum (K20-K31)	11,989	59%	$2,666
281:	G.I. Hemorrhage Other diseases of the digestive system (K90-K93); Diseases of oesophagus, stomach and duodenum (K20-K31)	2,295	11%	$3,619
290:	G.I. Obstruction Other diseases of intestines (K55-K63)	2,188	11%	$2,949
297:	Other G.I. Diagnoses Other diseases of intestines (K55-K63); Other diseases of the digestive system (K90-K93); Diseases of appendix (K35-K38); Effects of foreign body entering through natural orifice (T15-T19); Diseases of peritoneum (K65-K67)	1,835	9%	$3,418
279:	Digestive System Malignancy Malignant neoplasms of digestive organs (C15-C26)	855	4%	$6,725

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
317:	Laparoscopic Cholecystectomy Excision total, gallbladder	3,453	74%	$3,656
315:	Cholecystectomy Excision total, gallbladder	370	8%	$8,337
314:	Other Hepatobiliary and Pancreatic Procedures Extraction, gallbladder; Drainage, gallbladder; Excision total, gallbladder; Drainage, bile ducts	222	5%	$11,120
311:	Major Pancreatic Procedures Excision partial, pancreas with duodenum; Excision partial, pancreas; Drainage, pancreas; Bypass, abdominal veins NEC; Bypass, small intestine; +++	173	4%	$21,682
312:	Major Hepatobiliary Procedures Excision partial, liver; Bypass, bile ducts	136	3%	$14,431

Gender

Female	5,674
Male	4,243

Age Groups

Surgical Partitions	
0 to 17 years old	99
18 to 69 years old	3,755
70 plus years old	803
Medical Partitions	
0 to 17 years old	125
18 to 69 years old	3,740
70 plus years old	1,395

MCC 07: Diseases & Disorders of Hepatobiliary Sys/Pancreas

	Activity	
Surgical Partitions	4,657	(47%)
Medical Partitions	5,260	(53%)
Total	9,917	

Region of Residence

Chinook Regional Health Authority	558
Palliser Health Region	486
Calgary Health Region	2,440
David Thompson Regional Health Authority	1,340
East Central Health	564
Capital Health	2,508
Aspen Regional Health Authority	923
Peace Country Health	465
Northern Lights Health Region	260
Non-resident / Unknown	373

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
325:	Pancreas Diseases except Malignancy Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,858	35%	$3,545
329:	Biliary Tract Diseases Disorders of gallbladder, biliary tract and pancreas (K80-K87)	1,567	30%	$3,202
326:	Liver Diseases except Cirrhosis or Cancer Diseases of liver (K70-K77)	701	13%	$7,087
324:	Pancreatic Cancer or Other Malignancy of Hepatobiliary System Malignant neoplasms of digestive organs (C15-C26) Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	685	13%	$7,382
323:	Cirrhosis and Alcoholic Hepatitis Diseases of liver (K70-K77)	449	9%	$7,030

Service Provider

Alberta Cancer Board	44
Chinook Regional Health Authority	544
Palliser Health Region	480
Calgary Health Region	2,532
David Thompson Regional Health Authority	1,297
East Central Health	497
Capital Health	3,177
Aspen Regional Health Authority	638
Peace Country Health	483
Northern Lights Health Region	225

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
354:	Knee Replacement Implantation of internal device, knee joint	2,751	20%	$8,630
352:	Hip Replacement Implantation of internal device, hip joint	2,327	17%	$10,091
375:	Minor Upper Extremity Procedures Repair, rotator cuff; Repair, acromioclavicular and sternoclavicular joints; Repair, shoulder joint	1,501	11%	$2,542
374:	Minor Lower Extremity Procedures Repair, cruciate ligaments of knee; Fusion, tarsal bones and intertarsal joints [hindfoot, midfoot]; Fusion, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Removal of device, femur; Repair, knee joint	1,240	9%	$3,444
365:	Back and Neck Procedures without Fusion Excision partial, intervertebral disc; Repair, spinal vertebrae	1,138	8%	$4,806

Gender

Female	9,619
Male	8,907

Age Groups

Surgical Partitions	
0 to 17 years old	822
18 to 69 years old	9,178
70 plus years old	3,443
Medical Partitions	
0 to 17 years old	244
18 to 69 years old	2,519
70 plus years old	2,320

MCC 08: Disease & Disorder of Musculoskeletal Sys & Conn Tissue

	Activity	
Surgical Partitions	13,443	(73%)
Medical Partitions	5,083	(27%)
Total	18,526	

Region of Residence

Chinook Regional Health Authority	1,172
Palliser Health Region	727
Calgary Health Region	5,492
David Thompson Regional Health Authority	2,183
East Central Health	993
Capital Health	4,895
Aspen Regional Health Authority	1,195
Peace Country Health	928
Northern Lights Health Region	244
Non-resident / Unknown	697

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
409:	Back Pain (MNRH) Dorsopathies (M40-M54)	900	18%	$3,474
402:	Disc Disease Dorsopathies (M40-M54)	845	17%	$4,958
398:	Other Inflammatory Arthritis Arthropathies (M00-M25); Systemic connective tissue disorders (M30-M36)	686	13%	$4,531
391:	Secondary Neoplasms and Pathological Fractures Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80); Osteopathies and chondropathies (M80-M94)	673	13%	$9,804
411:	Signs, Symptoms and Deformities (MNRH) Soft tissue disorders (M60-M79); Arthropathies (M00-M25)	454	9%	$3,486

Service Provider

Alberta Cancer Board	96
Chinook Regional Health Authority	1,085
Palliser Health Region	581
Calgary Health Region	6,547
David Thompson Regional Health Authority	1,533
East Central Health	676
Capital Health	6,682
Aspen Regional Health Authority	451
Peace Country Health	786
Northern Lights Health Region	89

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
425:	Skin Graft and Wound Debridement for Dermatologic Dis except Ulcer or Cellulitis Repair by decreasing size, breast; Excision radical, breast; Excision total with reconstruction, breast; Repair, breast	1,272	30%	$3,547
429:	Total Mastectomy for Breast Malignancy Excision total, breast; Excision radical, breast	904	22%	$3,307
432:	Subtotal Mastectomy and Other Breast Procedures for Malignancy Excision partial, breast	766	18%	$3,017
428:	Breast Procedures except Biopsy and Local Excision without Malignancy Repair by decreasing size, breast; Repair by increasing size, breast	251	6%	$3,819
437:	Other Dermatological Procedures without Malignancy or Skin Ulcer or Cellulitis Drainage, soft tissue of head and neck; Excision partial, skin of abdomen and trunk; Drainage, soft tissue of the chest and abdomen; Excision partial, soft tissue of head and neck; Drainage, soft tissue of leg; +++	230	6%	$3,738

Gender

Female	5,121
Male	2,000

Age Groups

Surgical Partitions	
0 to 17 years old	154
18 to 69 years old	3,287
70 plus years old	739
Medical Partitions	
0 to 17 years old	374
18 to 69 years old	1,595
70 plus years old	972

MCC 09: Disease & Disorder of Skin, Subcutaneous Tissue & Breast

	Activity	
Surgical Partitions	4,180	(59%)
Medical Partitions	2,941	(41%)
Total	7,121	

Region of Residence

Chinook Regional Health Authority	403
Palliser Health Region	260
Calgary Health Region	2,125
David Thompson Regional Health Authority	863
East Central Health	469
Capital Health	1,636
Aspen Regional Health Authority	505
Peace Country Health	379
Northern Lights Health Region	178
Non-resident / Unknown	303

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
447:	Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	1,806	61%	$4,077
454:	Minor Skin Disorders Dermatitis and eczema (L20-L30); Urticaria and erythema (L50-L54); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Other disorders of the skin and subcutaneous tissue (L80-L99)	366	12%	$2,702
452:	Trauma of Skin, Subcutaneous Tissue and Breast Injuries to the head (S00-S09); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the thorax (S20-S29); Injuries to the hip and thigh (S70-S79); Injuries involving multiple body regions (T00-T07)	299	10%	$2,483
439:	Skin Ulcer Other disorders of the skin and subcutaneous tissue (L80-L99)	175	6%	$12,360
440:	Major Skin Disorders Viral infections characterized by skin and mucous membrane lesions (B00-B09); Urticaria and erythema (L50-L54); Papulosquamous disorders (L40-L45)	135	5%	$5,210

Service Provider

Alberta Cancer Board	10
Chinook Regional Health Authority	433
Palliser Health Region	232
Calgary Health Region	2,386
David Thompson Regional Health Authority	727
East Central Health	415
Capital Health	2,071
Aspen Regional Health Authority	376
Peace Country Health	315
Northern Lights Health Region	156

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
479:	Thyroid Procedures Excision partial, thyroid gland; Excision total, thyroid gland	937	44%	$3,641
478:	Obesity Procedures Repair by decreasing size, skin of abdomen and trunk; Repair by decreasing size, stomach	404	19%	$5,336
477:	Parathyroid Procedures Excision partial, parathyroid gland	168	8%	$4,175
482:	Other Endocrine, Nutrition and Metabolic Procedures Implantation of internal device, vena cava (superior and inferior); Transplant, pancreas; Bypass, arteries of leg NEC; Excision partial, pancreas; Inspection, abdominal cavity; +++	123	6%	$31,874
476:	Adrenal and Pituitary Procedures Excision partial, pituitary region; Excision total, adrenal gland	122	6%	$9,211

Gender

Female	4,576
Male	3,071

Age Groups

Surgical Partitions	
0 to 17 years old	77
18 to 69 years old	1,797
70 plus years old	233
Medical Partitions	
0 to 17 years old	773
18 to 69 years old	2,840
70 plus years old	1,927

MCC 10: Endocrine Nutritional & Metabolic Disease & Disorders

	Activity	
Surgical Partitions	2,107	(28%)
Medical Partitions	5,540	(72%)
Total	7,647	

Region of Residence

Chinook Regional Health Authority	490
Palliser Health Region	370
Calgary Health Region	1,878
David Thompson Regional Health Authority	881
East Central Health	528
Capital Health	1,791
Aspen Regional Health Authority	724
Peace Country Health	503
Northern Lights Health Region	222
Non-resident / Unknown	260

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
483:	Diabetes Diabetes mellitus (E10-E14)	2,663	48%	$3,608
485:	Nutritional and Miscellaneous Metabolic Disorders Metabolic disorders (E70-E90)	2,321	42%	$4,257
489:	Endocrine Disorders Disorders of other endocrine glands (E20-E35); Malignant neoplasms of thyroid and other endocrine glands (C73-C75); Disorders of thyroid gland (E00-E07)	388	7%	$4,788
487:	Cystic Fibrosis Metabolic disorders (E70-E90)	106	2%	$13,161
488:	Inborn Errors of Metabolism Metabolic disorders (E70-E90)	62	1%	$11,088

Service Provider

Alberta Cancer Board	118
Chinook Regional Health Authority	562
Palliser Health Region	467
Calgary Health Region	1,978
David Thompson Regional Health Authority	729
East Central Health	457
Capital Health	2,129
Aspen Regional Health Authority	548
Peace Country Health	470
Northern Lights Health Region	189

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
512:	Other Transurethral or Biopsy Procedures (MNRH) Extraction, ureter NEC; Excision partial, bladder NEC	1,655	29%	$2,027
510:	Transurethral Prostatectomy Excision partial, prostate	1,373	24%	$2,789
502:	Radical Prostatectomy Excision radical, prostate	711	13%	$6,051
504:	Major Urinary Tract Procedures Excision radical, kidney; Destruction, renal pelvis; Excision total, kidney; Excision partial, kidney; Procurement, kidney; +++	667	12%	$7,469
508:	Minor Upper Urinary Tract Procedures Extraction, renal pelvis; Repair, renal pelvis; Drainage, renal pelvis	293	5%	$6,011

MCC 11: Diseases & Disorders of Kidney & Urinary Tract

	Activity	
Surgical Partitions	5,620	(42%)
Medical Partitions	7,714	(58%)
Surgical/Medical Partitions	10	(0%)
Total	13,344	

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
536:	Urinary Obstruction (MNRH) Urolithiasis (N20-N23)	2,189	28%	$1,845
529:	Lower Urinary Tract Infection Other diseases of urinary system (N30-N39)	1,788	23%	$4,454
521:	Renal Failure without Dialysis Renal failure (N17-N19)	1,180	15%	$6,428
527:	Upper Urinary Tract Infection Renal tubulo-interstitial diseases (N10-N16)	1,061	14%	$3,207
522:	Urinary Neoplasm Malignant neoplasms of male genital organs (C60-C63); Malignant neoplasms of urinary tract (C64-C68)	401	5%	$7,789

Gender

Female	4,832
Male	8,512

Age Groups

Surgical Partitions	
0 to 17 years old	174
18 to 69 years old	3,465
70 plus years old	1,981
Medical Partitions	
0 to 17 years old	678
18 to 69 years old	4,128
70 plus years old	2,908
Surgical/Medical Partition	
0 to 17 years old	1
18 to 69 years old	7
70 plus years old	2

Region of Residence

Chinook Regional Health Authority	737
Palliser Health Region	741
Calgary Health Region	4,314
David Thompson Regional Health Authority	1,590
East Central Health	765
Capital Health	2,796
Aspen Regional Health Authority	991
Peace Country Health	693
Northern Lights Health Region	226
Non-resident / Unknown	491

Service Provider

Alberta Cancer Board	14
Chinook Regional Health Authority	738
Palliser Health Region	718
Calgary Health Region	4,691
David Thompson Regional Health Authority	1,397
East Central Health	601
Capital Health	3,750
Aspen Regional Health Authority	668
Peace Country Health	607
Northern Lights Health Region	160

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
554:	Miscellaneous Male Reproductive System Procedures (MNRH) Fixation, testis; Excision partial, tunica vaginalis; Excision partial, epididymis; Excision partial, penis NEC	176	36%	$1,740
552:	Testes Procedures Excision total, testis; Excision radical, testis; Excision partial, testis	140	28%	$2,350
551:	Penis Procedures Repair, penis NEC; Implantation of internal device, penis NEC	114	23%	$3,503
555:	Circumcision (MNRH) Excision total, prepuce	47	10%	$1,706
901:	Non-extensive Unrelated O.R. Procedures Drainage, scrotum; Occlusion, vas deferens; Repair, urethra NEC; Occlusion, blood vessels NEC	6	1%	$14,411

MCC 12: Diseases & Disorders of Male Reproductive System

	Activity	
Surgical Partitions	492	(78%)
Medical Partitions	142	(22%)
Total	634	

Gender

Male	633
Other	1

Age Groups

Surgical Partitions	
0 to 17 years old	213
18 to 69 years old	238
70 plus years old	41
Medical Partitions	
0 to 17 years old	21
18 to 69 years old	86
70 plus years old	35

Region of Residence

Chinook Regional Health Authority	13
Palliser Health Region	54
Calgary Health Region	232
David Thompson Regional Health Authority	115
East Central Health	20
Capital Health	118
Aspen Regional Health Authority	29
Peace Country Health	21
Northern Lights Health Region	12
Non-resident / Unknown	20

Service Provider

Alberta Cancer Board	3
Chinook Regional Health Authority	8
Palliser Health Region	61
Calgary Health Region	247
David Thompson Regional Health Authority	91
East Central Health	18
Capital Health	166
Aspen Regional Health Authority	13
Peace Country Health	16
Northern Lights Health Region	11

Top Four CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
561:	Male Reproductive System Inflammation Diseases of male genital organs (N40-N51)	102	72%	$2,396
563:	Miscellaneous Male Reproductive System Diagnoses (MNRH) Diseases of male genital organs (N40-N51)	21	15%	$2,075
562:	Other Male Reproductive System Diagnoses Diseases of male genital organs (N40-N51)	13	9%	$2,399
560:	Malignancy of Male Reproductive Organ Malignant neoplasms of male genital organs (C60-C63)	6	4%	$12,293

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
579:	Major Uterine and Adnexal Procedures without Malignancy Excision total, uterus and surrounding structures; Excision partial, uterus and surrounding structures	6,050	68%	$3,819
581:	Reconstructive Gynecological Procedures Fixation, bladder neck; Repair, vagina NEC	1,230	14%	$3,966
578:	Major Gynecological Procedures for Malignancy except Ovarian or Adnexal Excision total, uterus and surrounding structures	394	4%	$5,223
587:	Miscellaneous Gynecological Procedures (MNRH) Excision partial, uterus and surrounding structures; Drainage, vulva NEC	382	4%	$1,381
577:	Major Gynecological Procedures for Ovarian or Adnexal Malignancy Excision total, uterus and surrounding structures; Excision total, ovary with fallopian tube	212	2%	$7,580

Gender

Female	9,797

Age Groups

Surgical Partitions	
0 to 17 years old	62
18 to 69 years old	8,177
70 plus years old	660
Medical Partitions	
0 to 17 years old	71
18 to 69 years old	731
70 plus years old	96

MCC 13: Diseases & Disorders of Female Reproductive System

	Activity	
Surgical Partitions	8,899	(91%)
Medical Partitions	898	(9%)
Total	9,797	

Region of Residence

Chinook Regional Health Authority	577
Palliser Health Region	339
Calgary Health Region	3,088
David Thompson Regional Health Authority	967
East Central Health	416
Capital Health	2,883
Aspen Regional Health Authority	615
Peace Country Health	406
Northern Lights Health Region	283
Non-resident / Unknown	223

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
596:	Miscellaneous Gynecological Diagnoses (MNRH) Noninflammatory disorders of female genital tract (N80-N98)	538	60%	$1,695
594:	Female Reproductive System Infection Inflammatory diseases of female pelvic organs (N70-N77)	177	20%	$2,244
592:	Malignancy of Female Reproductive Organ Malignant neoplasms of female genital organs (C51-C58)	158	18%	$6,572
595:	Other Female Reproductive System Diagnoses and Injuries Noninflammatory disorders of female genital tract (N80-N98)	25	3%	$1,668

Service Provider

Alberta Cancer Board	49
Chinook Regional Health Authority	643
Palliser Health Region	268
Calgary Health Region	3,329
David Thompson Regional Health Authority	696
East Central Health	248
Capital Health	3,684
Aspen Regional Health Authority	239
Peace Country Health	403
Northern Lights Health Region	238

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
604:	Caesarean Delivery Cesarean section delivery	3,262	33%	$3,629
602:	Caesarean Delivery with Complicating Diagnosis Cesarean section delivery	2,852	29%	$4,304
603:	Repeat Caesarean Delivery Cesarean section delivery	2,402	25%	$2,768
601:	Repeat Caesarean Delivery with Complicating Diagnosis Cesarean section delivery	1,101	11%	$3,505
600:	Major Procedures in Pregnancy or Childbirth Cesarean section delivery; Excision total, uterus and surrounding structures	164	2%	$6,103

Gender

Female	49,246

Age Groups

Surgical Partitions	
0 to 17 years old	94
18 to 69 years old	9,689
70 plus years old	
Medical Partitions	
0 to 17 years old	821
18 to 69 years old	38,495
70 plus years old	3
Surgical/Medical Partition	
0 to 17 years old	2
18 to 69 years old	142
70 plus years old	

MCC 14: Pregnancy & Childbirth

	Activity	
Surgical Partitions	9,783	(20%)
Medical Partitions	39,319	(80%)
Surgical/Medical Partitions	144	(0%)
Total	49,246	

Region of Residence

Chinook Regional Health Authority	2,496
Palliser Health Region	1,577
Calgary Health Region	16,758
David Thompson Regional Health Authority	4,780
East Central Health	1,624
Capital Health	13,793
Aspen Regional Health Authority	3,141
Peace Country Health	2,656
Northern Lights Health Region	1,735
Non-resident / Unknown	686

Service Provider

Chinook Regional Health Authority	2,570
Palliser Health Region	1,570
Calgary Health Region	17,022
David Thompson Regional Health Authority	4,353
East Central Health	1,166
Capital Health	16,143
Aspen Regional Health Authority	2,209
Peace Country Health	2,556
Northern Lights Health Region	1,657

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
611:	Vaginal Delivery Complications of labour and delivery (O60-O75)	17,492	44%	$1,898
609:	Vaginal Delivery with Complicating Diagnosis Complications of labour and delivery (O60-O75); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	11,085	28%	$2,468
624:	Antepartum Diagnosis Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Other obstetric conditions, not elsewhere classified (O95-O99); Other maternal disorders predominantly related to pregnancy (O20-O29); Complications of labour and delivery (O60-O75)	2,183	6%	$1,387
617:	Abortive Outcome with D and C Pregnancy with abortive outcome (O00-O08)	1,566	4%	$943
623:	Antepartum Diagnosis with Complicating Diagnosis Other maternal disorders predominantly related to pregnancy (O20-O29); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Oedema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium (O10-O16)	1,442	4%	$1,943

MCC 15: Newborns & Neonates w Cond Orig in Perinatal Per.

	Activity	
Surgical Partitions	0	(%)
Medical Partitions	44,213	(%)
Total	44,213	

Gender

Female	21,211
Male	23,000
Other	2

Age Groups

Surgical Partitions	
0 to 17 years old	
18 to 69 years old	
70 plus years old	
Medical Partitions	
0 to 17 years old	44,213
18 to 69 years old	
70 plus years old	

Region of Residence

Chinook Regional Health Authority	2,278
Palliser Health Region	1,389
Calgary Health Region	15,458
David Thompson Regional Health Authority	4,090
East Central Health	1,372
Capital Health	12,569
Aspen Regional Health Authority	2,699
Peace Country Health	2,204
Northern Lights Health Region	1,490
Non-resident / Unknown	664

Service Provider

Chinook Regional Health Authority	2,321
Palliser Health Region	1,353
Calgary Health Region	15,739
David Thompson Regional Health Authority	3,648
East Central Health	945
Capital Health	14,919
Aspen Regional Health Authority	1,813
Peace Country Health	2,099
Northern Lights Health Region	1,376

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
648	Neonates Weight > 2500 gm (Normal Newborn) Persons encountering health services in circumstances related to reproduction (Z30-Z39)	26,509	60%	$743
646	Neonates Weight > 2500 gm with Caesarean Delivery Persons encountering health services in circumstances related to reproduction (Z30-Z39)	8,013	18%	$1,357
647	Neonates Weight > 2500 gm with Minor Problem Diagnosis Respiratory and cardiovascular disorders specific to the perinatal period (P20-P29); Disorders related to length of gestation and fetal growth (P05-P08); Haemorrhagic and haematological disorders of fetus and newborn (P50-P61); Other disorders originating in the perinatal period (P90-P96); Other congenital malformations of the digestive system (Q38-Q45)	3,121	7%	$1,825
645	Neonates Weight > 2500 gm with Moderate Problem Diagnosis Respiratory and cardiovascular disorders specific to the perinatal period (P20-P29); Congenital malformations of the circulatory system (Q20-Q28); Disorders related to length of gestation and fetal growth (P05-P08); Haemorrhagic and haematological disorders of fetus and newborn (P50-P61); Other disorders originating in the perinatal period (P90-P96)	1,959	4%	$3,834
639	Neonates Weight 2000-2499 gm with Minor Problem Diagnosis Disorders related to length of gestation and fetal growth (P05-P08); Persons encountering health services in circumstances related to reproduction (Z30-Z39)	1,282	3%	$4,741

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
703:	Other O.R. Procedures of Blood and Blood-forming Organs Implantation of internal device, vena cava (superior and inferior); Excision total, thymus; Biopsy, lymph nodes of neck region; Biopsy, mediastinal lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical); +++	127	39%	$6,968
701:	Splenectomy Excision total, spleen	86	26%	$8,184
700:	Bone Marrow Transplant Transfusion, circulatory system NEC	41	13%	$52,372
901:	Non-extensive Unrelated O.R. Procedures Excision partial, oral and buccal mucosa; Biopsy, small intestine; Excision total, uterus and surrounding structures; Excision partial, abdominal cavity; Excision partial, hard palate; +++	32	10%	$14,411
906:	Unrelated O.R. Procedures (MNRH) Excision partial, rectum; Drainage, soft tissue of head and neck; Excision partial, large intestine; Incision NOS, soft tissue of head and neck; Excision partial, uterus and surrounding structures; +++	24	7%	$10,563

MCC 16: Disease & Disorder of Blood,Blood-form Org & Immunol Disor

	Activity	
Surgical Partitions	328	(12%)
Medical Partitions	2,427	(88%)
Total	2,755	

Gender

Female	1,496
Male	1,259

Age Groups

Surgical Partitions	
0 to 17 years old	87
18 to 69 years old	198
70 plus years old	43
Medical Partitions	
0 to 17 years old	494
18 to 69 years old	1,134
70 plus years old	799

Region of Residence

Chinook Regional Health Authority	135
Palliser Health Region	142
Calgary Health Region	675
David Thompson Regional Health Authority	311
East Central Health	194
Capital Health	768
Aspen Regional Health Authority	248
Peace Country Health	157
Northern Lights Health Region	57
Non-resident / Unknown	68

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
704:	Red Blood Cell Disorders Aplastic and other anaemias (D60-D64); Nutritional anaemias (D50-D53)	1,280	53%	$4,874
710:	Reticuloendothelial and Immunity Disorders Other diseases of blood and blood-forming organs (D70-D77)	787	32%	$5,663
709:	Coagulation Disorders Coagulation defects, purpura and other haemorrhagic conditions (D65-D69)	360	15%	$3,728

Service Provider

Alberta Cancer Board	251
Chinook Regional Health Authority	121
Palliser Health Region	123
Calgary Health Region	769
David Thompson Regional Health Authority	250
East Central Health	159
Capital Health	726
Aspen Regional Health Authority	168
Peace Country Health	132
Northern Lights Health Region	56

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
728:	Lymphoma and Chronic Leukemia with Other Procedures Excision partial, lymph node(s), axillary; Biopsy, lymph nodes of neck region; Biopsy, intraabdominal lymph nodes; Biopsy, deep cervical lymph nodes; Implantation of internal device, vena cava (superior and inferior); +++	275	37%	$12,982
725:	Major Leukemia and Lymphoma Procedures Excision total, lymph node(s), axillary; Excision partial, lymph node(s), neck region NEC (cervical); Excision total, spleen; Excision total, lymph node(s), neck region NEC (cervical); Excision partial, small intestine; +++	187	25%	$8,795
700:	Bone Marrow Transplant Transfusion, circulatory system NEC; Pharmacotherapy, total body	156	21%	$52,372
734:	Ill-defined Neoplasm with Other Procedures Implantation of internal device, vena cava (superior and inferior); Pharmacotherapy, total body; Excision total, uterus and surrounding structures; Excision partial, soft tissue of head and neck; Excision partial, soft tissue of leg; +++	72	10%	$7,451
733:	Major Ill-defined Neoplasm Procedures Excision radical, abdominal cavity; Excision partial, soft tissue of the chest and abdomen; Implantation of internal device, stomach; Excision partial, abdominal cavity; Excision total, parotid gland; +++	63	8%	$13,515

Gender

Female	1,801
Male	1,605

Age Groups

Surgical Partitions	
0 to 17 years old	38
18 to 69 years old	539
70 plus years old	176
Medical Partitions	
0 to 17 years old	525
18 to 69 years old	1,193
70 plus years old	648
Surgical/Medical Partition	
0 to 17 years old	67
18 to 69 years old	153
70 plus years old	67

MCC 17: Both Lymphoma or Leukemia and Neoplasm of Unspecified Site

	Activity	
Surgical Partitions	753	(22%)
Medical Partitions	2,366	(69%)
Surgical/Medical Partitions	287	(8%)
Total	3,406	

Region of Residence

Chinook Regional Health Authority	132
Palliser Health Region	127
Calgary Health Region	1,186
David Thompson Regional Health Authority	370
East Central Health	183
Capital Health	856
Aspen Regional Health Authority	204
Peace Country Health	131
Northern Lights Health Region	46
Non-resident / Unknown	171

Service Provider

Alberta Cancer Board	363
Chinook Regional Health Authority	57
Palliser Health Region	64
Calgary Health Region	1,573
David Thompson Regional Health Authority	167
East Central Health	87
Capital Health	933
Aspen Regional Health Authority	71
Peace Country Health	77
Northern Lights Health Region	14

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
736:	Chemotherapy Persons encountering health services for specific procedures and health care (Z40-Z54)	1,028	43%	$4,806
730:	Lymphoma and Chronic Leukemia Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	906	38%	$10,611
735:	Radiation Therapy Persons encountering health services for specific procedures and health care (Z40-Z54)	217	9%	$4,708
737:	Other Poorly Differentiated Neoplastic Diagnoses Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	215	9%	$8,801

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
750:	Multisystemic or Unspecified Site Infections with Surgery Drainage, abdominal cavity; Destruction, soft tissue of leg; Destruction, skin of abdomen and trunk; Drainage, soft tissue of the chest and abdomen; Destruction, soft tissue of the chest and abdomen; +++	553	100%	$22,481

Gender

Female	1,797
Male	1,913

Age Groups

Surgical Partitions	
0 to 17 years old	43
18 to 69 years old	383
70 plus years old	127
Medical Partitions	
0 to 17 years old	841
18 to 69 years old	1,587
70 plus years old	729

MCC 18: Multisystemic or Unspecified Site Infections

	Activity	
Surgical Partitions	553	(15%)
Medical Partitions	3,157	(85%)
Total	3,710	

Region of Residence

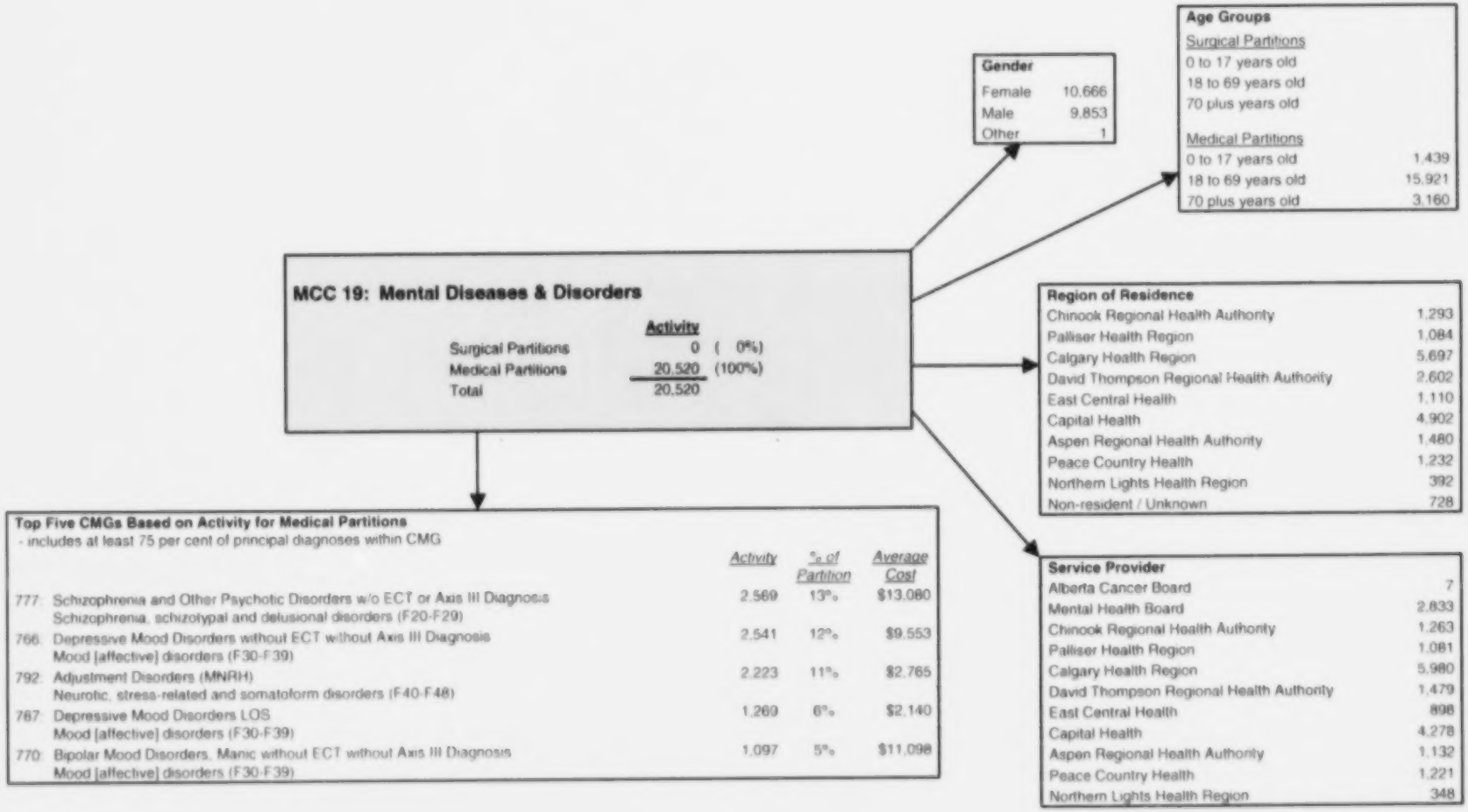
Chinook Regional Health Authority	244
Palliser Health Region	148
Calgary Health Region	914
David Thompson Regional Health Authority	452
East Central Health	235
Capital Health	871
Aspen Regional Health Authority	338
Peace Country Health	263
Northern Lights Health Region	115
Non-resident / Unknown	130

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
751:	Septicemia Other bacterial diseases (A30-A49)	951	30%	$9,574
757:	Viral Illness Other viral diseases (B25-B34)	757	24%	$3,018
756:	Post-operative and Post-traumatic Infections Complications of surgical and medical care, not elsewhere classified (T80-T88)	694	22%	$3,678
761:	Fever of Unknown Origin General symptoms and signs (R50-R69)	551	17%	$2,723
763:	Other Infectious Diagnoses Other bacterial diseases (A30-A49); Mycoses (B35-B49); Intestinal infectious diseases (A00-A09); Protozoal diseases (B50-B64)	204	6%	$6,327

Service Provider

Alberta Cancer Board	23
Chinook Regional Health Authority	224
Palliser Health Region	137
Calgary Health Region	1,030
David Thompson Regional Health Authority	404
East Central Health	210
Capital Health	1,055
Aspen Regional Health Authority	267
Peace Country Health	255
Northern Lights Health Region	105



Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
777	Schizophrenia and Other Psychotic Disorders w/o ECT or Axis III Diagnosis Schizophrenia, schizotypal and delusional disorders (F20-F29)	2,569	13%	$13,080
766	Depressive Mood Disorders without ECT without Axis III Diagnosis Mood [affective] disorders (F30-F39)	2,541	12%	$9,553
792	Adjustment Disorders (MNRH) Neurotic, stress-related and somatoform disorders (F40-F48)	2,223	11%	$2,765
767	Depressive Mood Disorders LOS Mood [affective] disorders (F30-F39)	1,269	6%	$2,140
770	Bipolar Mood Disorders, Manic without ECT without Axis III Diagnosis Mood [affective] disorders (F30-F39)	1,097	5%	$11,098

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
804:	Non-extensive Procedures for Injury or Complication of Treatment Excision total, vitreous; Removal of device, femur; Control of bleeding, tonsils and adenoids; Transplant, cornea; Drainage, abdominal cavity; +++	933	48%	$5,734
803:	Extensive Procedures for Injury or Complication of Treatment Bypass, arteries of leg NEC; Excision partial, hip joint; Excision partial, large intestine; Removal of device, hip joint; Excision total, kidney; +++	426	22%	$17,218
805:	MNRH Procedures for Injury or Complication of Treatment Removal of device, tibia and fibula; Drainage, soft tissue of the chest and abdomen; Excision partial, knee joint; Destruction, soft tissue of the chest and abdomen; Repair, tendons of the forearm [around elbow]; +++	242	13%	$4,029
354:	Knee Replacement Implantation of internal device, knee joint	94	5%	$8,630
352:	Hip Replacement Implantation of internal device, hip joint	81	4%	$10,091

MCC 21: Injury, Poisoning & Toxic Effects of Drugs

	Activity	
Surgical Partitions	1,930	(31%)
Medical Partitions	4,275	(69%)
Total	6,205	

Gender

Female	3,309
Male	2,896

Age Groups

Surgical Partitions	
0 to 17 years old	167
18 to 69 years old	1,248
70 plus years old	515
Medical Partitions	
0 to 17 years old	590
18 to 69 years old	3,007
70 plus years old	678

Region of Residence

Chinook Regional Health Authority	349
Palliser Health Region	251
Calgary Health Region	1,627
David Thompson Regional Health Authority	786
East Central Health	296
Capital Health	1,541
Aspen Regional Health Authority	559
Peace Country Health	362
Northern Lights Health Region	159
Non-resident / Unknown	275

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
813:	Drug Reactions Poisoning by drugs, medicaments and biological substances (T36-T50)	1,968	46%	$2,662
818:	Complications of Treatment Complications of surgical and medical care, not elsewhere classified (T80-T88)	1,723	40%	$3,516
823:	Minor Injuries and Trauma Diagnosis -- Complications of Treatment Other and unspecified effects of external causes (T66-T78); Persons encountering health services for examination and investigation (Z00-Z13); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the knee and lower leg (S80-S89)	415	10%	$3,456
811:	Allergic Reaction Other and unspecified effects of external causes (T66-T78)	169	4%	$2,006

Service Provider

Alberta Cancer Board	8
Chinook Regional Health Authority	298
Palliser Health Region	208
Calgary Health Region	1,901
David Thompson Regional Health Authority	632
East Central Health	216
Capital Health	2,109
Aspen Regional Health Authority	381
Peace Country Health	313
Northern Lights Health Region	139

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
832:	Non-extensive Burns with Skin Graft Repair, skin of leg; Repair, skin of hand; Repair, skin of arm; Repair, skin of foot; Repair, skin of abdomen and trunk	129	81%	$16,812
830:	Extensive Burns with Skin Graft Wound Debridement or Other Burn Procedures Repair, skin of abdomen and trunk; Repair, skin of leg; Repair, skin NEC; Repair, skin of hand; Repair, skin of foot; +++	23	14%	$89,596
833:	Non-extensive Burns with Wound Debridement or Other Burn Procedures Destruction, soft tissue of the foot and ankle; Implantation of internal device, vena cava (superior and inferior); Destruction, soft tissue of leg	4	3%	$5,023
901:	Non-extensive Unrelated O.R. Procedures Destruction, skin of hand; Destruction, skin of abdomen and trunk; Destruction, skin of arm	3	2%	$14,411

Gender

Female	110
Male	282

Age Groups

Surgical Partitions	
0 to 17 years old	37
18 to 69 years old	116
70 plus years old	6
Medical Partitions	
0 to 17 years old	75
18 to 69 years old	137
70 plus years old	21

MCC 22: Burns

	Activity	
Surgical Partitions	159	(41%)
Medical Partitions	233	(59%)
Total	392	

Region of Residence

Chinook Regional Health Authority	18
Palliser Health Region	10
Calgary Health Region	72
David Thompson Regional Health Authority	51
East Central Health	18
Capital Health	100
Aspen Regional Health Authority	58
Peace Country Health	31
Northern Lights Health Region	17
Non-resident / Unknown	17

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
834:	Non-extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	219	94%	$5,277
831:	Extensive Burns without Burn Procedures Burns and corrosions (T20-T32)	14	6%	$13,399

Service Provider

Chinook Regional Health Authority	13
Palliser Health Region	8
Calgary Health Region	93
David Thompson Regional Health Authority	34
East Central Health	11
Capital Health	165
Aspen Regional Health Authority	31
Peace Country Health	22
Northern Lights Health Region	15

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
840:	Other Admissions with Surgery Excision total with reconstruction, breast; Implantation of internal device, stomach; Implantation of internal device, vena cava (superior and inferior); Excision total, breast; Excision total, uterus and surrounding structures; +++	585	92%	$32,985
351:	Joint Replacement for Trauma Implantation of internal device, hip joint	27	4%	$14,262
352:	Hip Replacement Implantation of internal device, hip joint	14	2%	$10,091
354:	Knee Replacement Implantation of internal device, knee joint	7	1%	$8,630

Gender

Female	9,672
Male	8,107

Age Groups

Surgical Partitions	
0 to 17 years old	40
18 to 69 years old	335
70 plus years old	258
Medical Partitions	
0 to 17 years old	943
18 to 69 years old	7,769
70 plus years old	8,434

MCC 23: Other Reasons for Hospitalization

	Activity	
Surgical Partitions	633	(4%)
Medical Partitions	17,146	(96%)
Total	17,779	

Region of Residence

Chinook Regional Health Authority	922
Palliser Health Region	510
Calgary Health Region	3,367
David Thompson Regional Health Authority	1,840
East Central Health	1,266
Capital Health	6,136
Aspen Regional Health Authority	1,865
Peace Country Health	918
Northern Lights Health Region	418
Non-resident / Unknown	537

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
841:	Rehabilitation Persons encountering health services for specific procedures and health care (Z40-Z54)	5,431	32%	$23,302
851:	Other Factors Causing Hospitalization Persons encountering health services for specific procedures and health care (Z40-Z54)	4,780	28%	$3,117
846:	Aftercare following Surgery or Treatment Persons encountering health services for specific procedures and health care (Z40-Z54)	2,361	14%	$1,506
847:	Other Specified Aftercare Persons encountering health services for specific procedures and health care (Z40-Z54)	2,289	13%	$11,681
852:	Procedures Cancelled (MNRH) Persons encountering health services for specific procedures and health care (Z40-Z54)	1,102	6%	$448

Service Provider

Alberta Cancer Board	19
Mental Health Board	9
Chinook Regional Health Authority	865
Palliser Health Region	449
Calgary Health Region	3,721
David Thompson Regional Health Authority	1,603
East Central Health	1,120
Capital Health	7,298
Aspen Regional Health Authority	1,506
Peace Country Health	853
Northern Lights Health Region	336

MCC 24: Diseases and Disorders of HIV Infections (AIDS)

	Activity	
Surgical Partitions	0	(0%)
Medical Partitions	120	(100%)
Total	120	

Gender

Female	39
Male	81

Age Groups

Surgical Partitions	
0 to 17 years old	
18 to 69 years old	
70 plus years old	
Medical Partitions	
0 to 17 years old	1
18 to 69 years old	119
70 plus years old	

Region of Residence

Chinook Regional Health Authority	5
Palliser Health Region	
Calgary Health Region	33
David Thompson Regional Health Authority	4
East Central Health	6
Capital Health	55
Aspen Regional Health Authority	6
Peace Country Health	2
Northern Lights Health Region	5
Non-resident / Unknown	4

Service Provider

Chinook Regional Health Authority	4
Palliser Health Region	
Calgary Health Region	36
David Thompson Regional Health Authority	2
East Central Health	4
Capital Health	65
Aspen Regional Health Authority	3
Peace Country Health	2
Northern Lights Health Region	4

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
860	Respiratory Tract Disorders with HIV Human immunodeficiency virus [HIV] disease	50	42%	$8,496
868	Miscellaneous Conditions with HIV Human immunodeficiency virus [HIV] disease	32	27%	$10,353
862	G.I. and Hepatobiliary Disorders with HIV Human immunodeficiency virus [HIV] disease	15	13%	$3,397
863	Ophthalmic Disorders with HIV Human immunodeficiency virus [HIV] disease	8	7%	$11,854
864	Blood Infections with HIV Human immunodeficiency virus [HIV] disease	5	4%	$10,403

Top Five CMGs Based on Activity for Surgical Partitions
- includes at least 75 per cent of procedures (coded as first intervention) within CMG

		Activity	% of Partition	Average Cost
666:	Major Lower and Upper Extremity Procedures for Trauma Fixation, ankle joint; Fixation, tibia and fibula	3,614	34%	$4,349
670:	Upper Extremity Procedures for Trauma Fixation, radius and ulna; Fixation, humerus; Fixation, elbow joint; Fixation, wrist joint	2,518	24%	$2,933
662:	Femur or Pelvic Procedures for Trauma Fixation, femur; Fixation, hip joint	1,740	17%	$10,189
351:	Joint Replacement for Trauma Implantation of internal device, hip joint	825	8%	$14,262
668:	Miscellaneous Musculoskeletal Procedures for Trauma Fixation, mandible; Fixation, zygoma; Fixation, multiple bones of mid face region, without cranium involvement; Fixation, nasoethmoid and orbital complex	514	5%	$4,943

Gender

Female	7,798
Male	10,763

Age Groups

Surgical Partitions	
0 to 17 years old	1,339
18 to 69 years old	6,751
70 plus years old	2,454
Medical Partitions	
0 to 17 years old	1,415
18 to 69 years old	4,482
70 plus years old	2,120

MCC 25: Significant Trauma

	Activity	
Surgical Partitions	10,544	(57%)
Medical Partitions	8,017	(43%)
Total	18,561	

Region of Residence

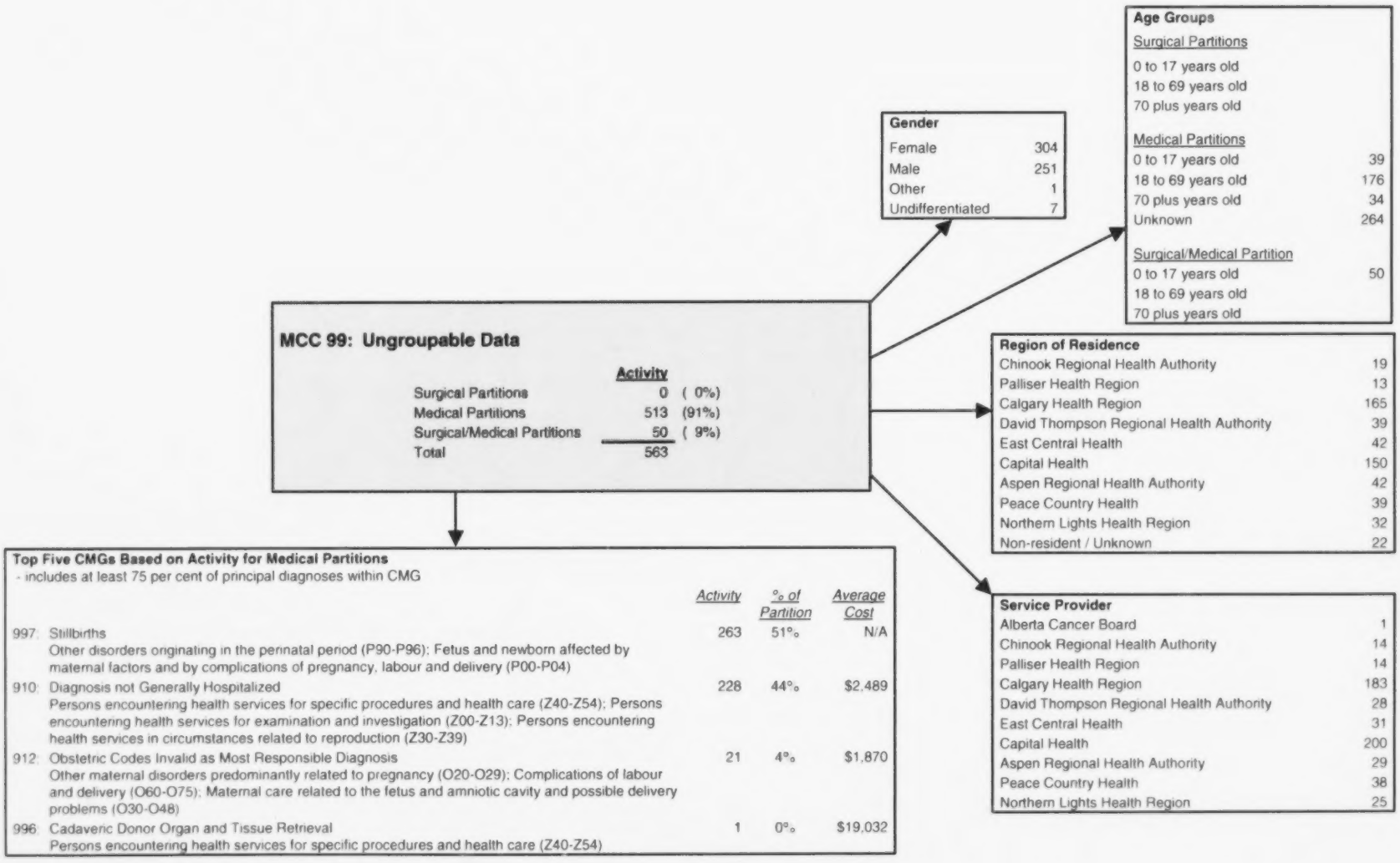
Chinook Regional Health Authority	797
Palliser Health Region	787
Calgary Health Region	4,972
David Thompson Regional Health Authority	2,423
East Central Health	820
Capital Health	4,731
Aspen Regional Health Authority	1,449
Peace Country Health	1,105
Northern Lights Health Region	362
Non-resident / Unknown	1,115

Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
695:	Other Cranial Injuries Injuries to the head (S00-S09)	1,029	13%	$2,906
687:	Thoraco-abdominal Injuries Injuries to the thorax (S20-S29)	968	12%	$5,054
692:	Wounds Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the hip and thigh (S70-S79); Injuries to the shoulder and upper arm (S40-S49); +++	967	12%	$2,555
680:	Femur or Pelvic Fractures and Dislocations Injuries to the abdomen, lower back, lumbar spine and pelvis (S30-S39); Injuries to the hip and thigh (S70-S79)	850	11%	$6,512
696:	Upper Extremity Fractures Injuries to the elbow and forearm (S50-S59); Injuries to the shoulder and upper arm (S40-S49)	826	10%	$1,892

Service Provider

Chinook Regional Health Authority	703
Palliser Health Region	678
Calgary Health Region	5,925
David Thompson Regional Health Authority	1,941
East Central Health	486
Capital Health	6,983
Aspen Regional Health Authority	572
Peace Country Health	1,121
Northern Lights Health Region	152



Top Five CMGs Based on Activity for Medical Partitions
- includes at least 75 per cent of principal diagnoses within CMG

		Activity	% of Partition	Average Cost
997:	Stillbirths Other disorders originating in the perinatal period (P90-P96); Fetus and newborn affected by maternal factors and by complications of pregnancy, labour and delivery (P00-P04)	263	51%	N/A
910:	Diagnosis not Generally Hospitalized Persons encountering health services for specific procedures and health care (Z40-Z54); Persons encountering health services for examination and investigation (Z00-Z13); Persons encountering health services in circumstances related to reproduction (Z30-Z39)	228	44%	$2,489
912:	Obstetric Codes Invalid as Most Responsible Diagnosis Other maternal disorders predominantly related to pregnancy (O20-O29); Complications of labour and delivery (O60-O75); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)	21	4%	$1,870
996:	Cadaveric Donor Organ and Tissue Retrieval Persons encountering health services for specific procedures and health care (Z40-Z54)	1	0%	$19,032

Ambulatory Care Information

This section contains detailed ambulatory care information grouped into approximately 25 categories. As MCCs do not exist on the 2003/2004 ambulatory care data, categories were created. These categories are based on the same principle as MCCs, that is, the body system and specific clinical problems. Within each category, the visits are also further separated:

Intervention Related Visits – corresponds to visits belonging to ACCS Groups 1 to 99
Clinical Related Visits – corresponds to visits belonging to ACCS Groups >99

- The table displaying the gender distribution contains the standard male and female codes. There are also two other possible codes:
  O – other, for transsexuals or hermaphrodites
  U – undifferentiated, for stillbirths only

- The age groups are based on the age categories used by CIHI in CMG assignments. The age calculation is based on the visit date. For reference, the provincial breakdown is as follows:

0 to 17 years old	773,336	(24%)
18 to 69 years old	2,157,681	(68%)
70 plus years old	233,735	(7%)
	3,164,752	

- Region of residence refers to the regional health authority the recipient resided in at the time of the inpatient or ambulatory care visit. Service provider refers to the regional health authority the hospital is located in. Population by region can be found on the Alberta Health and Wellness website in News/Media/Resources Stats & Facts section.

- The table displaying the Top Five ACCS Groups Based on Activity for Clinical Related Visits lists some of the main ambulatory care diagnosis codes. The main diagnosis code is[1]

  "the diagnosis, condition, problem, or in some cases, the intervention, that is the main reason for the ambulatory care services being provided to the service recipient. . . and is the diagnosis responsible for the greatest use of resources."

  - The diagnosis groupings are based on the first three digits of the principal diagnosis.
  - At least 75 per cent of the records within the ACCS group will have one of the listed diagnosis codes as the principal diagnosis. The exception would be for ACCS groups with +++. For these groups, there are more than five diagnosis codes to represent 75 per cent of the records. Only the first five are listed.
  - The activity and average costs are for the entire ACCS group; that is, based on all diagnosis codes not just those representing 75 per cent of the records.
  - Tables containing less than five ACCS groups include all ACCS groups belonging to the clinical related visits within that category.

- The table displaying the Top Five ACCS Groups Based on Activity for Intervention Related Visits lists some of the most common main intervention codes (coded as first intervention). The main intervention code is[2]

  "the intervention performed and considered by the provider(s) to be the most clinically significant."

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[1] *Alberta Ambulatory Care Reporting Manual Effective April 2003*, Alberta Health and Wellness, p. 59-60.
[2] Ibid. p. 59-61.

- The intervention groupings are based on the rubrics, first five digits of the main intervention.
- At least 75 per cent of the records within the ACCS group will have one of the listed rubrics as the main intervention. The exception would be for ACCS groups with +++. For these groups, there are more than five intervention codes to represent 75 per cent of the records. Only the first five are listed.
- The activity and average costs are for the entire ACCS group; that is, based on all intervention codes not just those representing 75 per cent of the records.
- Tables containing less than five ACCS groups include all ACCS groups belonging to the intervention related visits within that category.

Due to resource constraints, minor data flaws have not been completely purged from the data. For example, activity data indicate that a few women over 70 years of age received services relating to Pregnancy & Childbirth. Occasionally, fields relating to gender may have been empty.

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
19:	Cardiac Catheter 18+ years Xray, heart with coronary arteries	9,141	33%	$1,277
24:	Minor Vascular Drainage, circulatory system NEC; Assessment (examination), total body	7,302	26%	$219
20:	Angiography 18+ years Electrophysiological measurement, heart; Xray, heart with coronary arteries; Xray, aorta NEC; Xray, artery NEC; Dialysis, urinary system NEC; +++	3,957	14%	$1,697
21:	Vascular Interventions 18+ years Implantation of internal device, vena cava (superior and inferior); Assessment (examination), total body; Dialysis, urinary system NEC; Bypass, artery with vein; Removal of device, vena cava (superior and inferior); +++	3,435	12%	$1,062
64:	Cardioversion Stimulation, heart NEC	1,421	5%	$542

Gender

Female	123,178
Male	147,416

Age Groups

Intervention Related Visits	
0 to 17 years old	393
18 to 69 years old	20,318
70 plus years old	7,150
Clinical Related Visits	
0 to 17 years old	13,982
18 to 69 years old	149,082
70 plus years old	79,669

Cardiac

	Activity	
Intervention Related Visits	27,861	(10%)
Clinical Related Visits	242,733	(90%)
Total	270,594	

Region of Residence

Chinook Regional Health Authority	8,624
Palliser Health Region	5,842
Calgary Health Region	118,695
David Thompson Regional Health Authority	19,143
East Central Health	7,549
Capital Health	72,449
Aspen Regional Health Authority	11,437
Peace Country Health	10,666
Northern Lights Health Region	3,244
Non-resident / Unknown	12,945

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
210:	Management General Cardiac 18+ years Other forms of heart disease (I30-I52); Hypertensive diseases (I10-I15); Persons encountering health services for examination and investigation (Z00-Z13)	125,878	52%	$109
205:	Diag Inv general Cardiac 18+ years Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Other forms of heart disease (I30-I52); Persons encountering health services for examination and investigation (Z00-Z13)	27,864	11%	$300
213:	Dysrhythmia & Conductive Disorders Other forms of heart disease (I30-I52)	25,701	11%	$235
218:	Management Angina Ischeamic heart diseases (I20-I25)	16,966	7%	$91
220:	Management Vascular Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified (I80-I89); Diseases of arteries, arterioles and capillaries (I70-I79)	11,459	5%	$131

Service Provider

Chinook Regional Health Authority	6,289
Palliser Health Region	2,987
Calgary Health Region	137,233
David Thompson Regional Health Authority	12,441
East Central Health	5,033
Capital Health	87,779
Aspen Regional Health Authority	7,037
Peace Country Health	9,341
Northern Lights Health Region	2,454

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
68:	Thyroid Interventions Excision, partial, thyroid gland; Excision radical, thyroid gland	34	100%	$1,899

Gender

Female	33,174
Male	30,190

Age Groups

Intervention Related Visits	
0 to 17 years old	8
18 to 69 years old	25
70 plus years old	1
Clinical Related Visits	
0 to 17 years old	11,451
18 to 69 years old	41,329
70 plus years old	10,550

Endocrine

	Activity	
Intervention Related Visits	34	(0%)
Clinical Related Visits	63,330	(100%)
Total	63,364	

Region of Residence

Chinook Regional Health Authority	1,287
Palliser Health Region	716
Calgary Health Region	24,052
David Thompson Regional Health Authority	3,031
East Central Health	1,873
Capital Health	24,761
Aspen Regional Health Authority	3,204
Peace Country Health	1,618
Northern Lights Health Region	676
Non-resident / Unknown	2,146

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
260:	Management Diabetes 18+ years Diabetes mellitus (E10-E14)	32,239	51%	$114
258:	Management General Endocrinal 18+ years Disorders of other endocrine glands (E20-E35); Metabolic disorders (E70-E90)	12,140	19%	$70
259:	Management Diabetes < 18+ years Diabetes mellitus (E10-E14)	7,326	12%	$217
267:	Fluid & Electrolyte 6+ years Metabolic disorders (E70-E90)	6,081	10%	$335
257:	Management General Endocrinal 6 < 18 years General symptoms and signs (R50-r69); Disorders of other endocrine glands (E20-E35); Metabolic disorders (E70-E90)	1,420	2%	$65

Service Provider

Chinook Regional Health Authority	1,021
Palliser Health Region	553
Calgary Health Region	26,567
David Thompson Regional Health Authority	1,530
East Central Health	1,023
Capital Health	29,137
Aspen Regional Health Authority	1,721
Peace Country Health	1,363
Northern Lights Health Region	449

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
14:	Nasal Interventions Control of bleeding, nose; Repair, nose; Destruction, nose; Excision partial, skin of nose; Reduction, nose; +++	8,028	39%	$585
16:	External Ear Extraction, external auditory meatus; Pharmacotherapy (local), external auditory meatus; Implantation of internal device, tympanic membrane	2,672	13%	$221
13:	Tonsils & Adenoids 12+ years Excision total, tonsils and adenoids; Drainage, oral and buccal mucosa	1,809	9%	$891
16.2:	External Ear 1.5 < 6 years Implantation of internal device, tympanic membrane	1,773	9%	$623
11:	Sinus Interventions Excision partial, paranasal sinuses; Repair, nose; Bypass, lacrimal excretory system; Excision partial, nasal cartilage	1,495	7%	$1,382

Gender

Female	114,891
Male	105,685
Other	8

Age Groups

Intervention Related Visits	
0 to 17 years old	7,666
18 to 69 years old	10,403
70 plus years old	2,715
Clinical Related Visits	
0 to 17 years old	109,815
18 to 69 years old	83,402
70 plus years old	6,583

Ears, Nose, and Throat (ENT)

	Activity	
Intervention Related Visits	20,784	(9%)
Clinical Related Visits	199,800	(91%)
Total	220,584	

Region of Residence

Chinook Regional Health Authority	13,279
Palliser Health Region	7,182
Calgary Health Region	41,899
David Thompson Regional Health Authority	28,799
East Central Health	13,512
Capital Health	40,065
Aspen Regional Health Authority	29,685
Peace Country Health	27,913
Northern Lights Health Region	10,612
Non-resident / Unknown	7,638

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
303:	Management General ENT Acute upper respiratory infections (J00-J06); Other diseases of upper respiratory tract (J30-J39)	145,606	73%	$116
305:	Otitis Media Diseases of middle ear and mastoid (H65-H75)	40,236	20%	$89
301:	Diag Inv General ENT Acute upper respiratory infections (J00-J06); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	10,271	5%	$233
306:	Epistaxis Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	3,687	2%	$124

Service Provider

Chinook Regional Health Authority	13,385
Palliser Health Region	7,414
Calgary Health Region	44,001
David Thompson Regional Health Authority	29,770
East Central Health	14,009
Capital Health	42,684
Aspen Regional Health Authority	29,680
Peace Country Health	28,292
Northern Lights Health Region	11,349

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
62:	Hemodialysis Dialysis, urinary system NEC	186,677	67%	$300
41:	Minor Gyn Interventions Excision partial, cervix NEC; Biopsy, cervix; Assessment (examination), total body; Implantation of internal device, vagina NEC	19,864	7%	$229
35.1:	Bladder & Urethral Interventions, Local Anaesthetic Inspection, bladder	16,456	6%	$231
35.4:	Bladder & Urethral Interventions, No Anaesthetic Drainage, bladder NEC; Inspection, bladder; Removal of device, bladder NEC	15,840	6%	$363
40:	Endo & Gyn Interventions Occlusion, fallopian tube NEC; Excision partial, uterus and surrounding structures; Inspection, abdominal cavity	7,811	3%	$795

Gender

Female	228,252
Male	188,157
Other	1

Age Groups

Intervention Related Visits	
0 to 17 years old	7,250
18 to 69 years old	168,588
70 plus years old	101,161
Clinical Related Visits	
0 to 17 years old	18,915
18 to 69 years old	98,620
70 plus years old	21,876

Genitourinary

	Activity	
Intervention Related Visits	276,999	(67%)
Clinical Related Visits	139,411	(33%)
Total	416,410	

Region of Residence

Chinook Regional Health Authority	23,150
Palliser Health Region	13,816
Calgary Health Region	137,003
David Thompson Regional Health Authority	38,764
East Central Health	15,224
Capital Health	123,607
Aspen Regional Health Authority	24,860
Peace Country Health	18,350
Northern Lights Health Region	7,818
Non-resident / Unknown	13,818

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
364:	Management Other Genitourological Disorders 18+ years Other diseases of urinary system (N30-N39); Renal failure (N17-N19); Other disorders of kidney and ureter (N25-N29); Persons encountering health services for specific procedures and health care (Z40-Z54); Urolithiasis (N20-N23)	71,229	51%	$117
354:	Management General Female Genital Disorders 18 < 45 years Noninflammatory disorders of female genital tract (N80-N98); Inflammatory diseases of female pelvic organs (N70-N77)	18,208	13%	$107
363:	Management Other Genitourological Disorders < 18 years Other diseases of urinary system (N30-N39); Glomerular diseases (N00-N08); Symptoms and signs involving the urinary system (R30-R39)	12,205	9%	$137
356:	Management Contraceptive Persons encountering health services in circumstances related to reproduction (Z3-Z39)	8,654	6%	$105
362:	Diag Inv Genitourological Disorders 18+ years Urolithiasis (N20-N23); Other diseases of urinary system (N30-N39); Renal tubulo-interstitial diseases (N10-N16)	8,614	6%	$382

Service Provider

Chinook Regional Health Authority	9,901
Palliser Health Region	5,262
Calgary Health Region	168,374
David Thompson Regional Health Authority	16,600
East Central Health	7,219
Capital Health	178,618
Aspen Regional Health Authority	12,202
Peace Country Health	13,111
Northern Lights Health Region	5,123

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
28.2:	Endoscopy GI - Medium Inspection, large intestine; Biopsy, stomach; Biopsy, small intestine; Biopsy, large intestine	57,185	57%	$400
60:	Dental Surgery Restoration, tooth; Therapeutic intervention NEC, tooth; Extraction, tooth	9,684	10%	$1,286
28.3:	Endoscopy GI - Medium Excision partial, large intestine	6,997	7%	$446
26:	Hernia Repair, muscles of the chest and abdomen	6,227	6%	$1,331
30.4:	Minor Anal Interventions, No Anaesthetic Pharmacotherapy (local), rectum; Inspection, rectum; Drainage, anus	3,016	3%	$285

Gastrointestinal / Digestive

	Activity	
Intervention Related Visits	100,123	(32%)
Clinical Related Visits	213,236	(68%)
Total	313,359	

Gender

Female	173,650
Male	139,707
Other	2

Age Groups

Intervention Related Visits	
0 to 17 years old	11,563
18 to 69 years old	71,674
70 plus years old	16,886
Clinical Related Visits	
0 to 17 years old	53,167
18 to 69 years old	137,947
70 plus years old	22,122

Region of Residence

Chinook Regional Health Authority	20,310
Palliser Health Region	14,321
Calgary Health Region	86,223
David Thompson Regional Health Authority	33,174
East Central Health	11,135
Capital Health	76,981
Aspen Regional Health Authority	25,749
Peace Country Health	27,081
Northern Lights Health Region	7,795
Non-resident / Unknown	10,590

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
409:	Management General Gastrointestinal 18 < 45 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Diseases of oral cavity, salivary glands and jaws (K00-K14); Diseases of oesophagus, stomach and duodenum (K20-K31)	71,879	34%	$146
410:	Management General Gastrointestinal 45 < 65 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Persons encountering health services in other circumstances (Z70-Z76); Noninfective enteritis and colitis (K50-K52); Diseases of oesophagus, stomach and duodenum (K20-K31); Other diseases of intestines (K55-K63)	35,027	16%	$130
408:	Management General Gastrointestinal 6 < 18 years Symptoms and signs involving the digestive system and abdomen (R10-R19); Noninfective enteritis and colitis (K50-K52); Other diseases of intestines (K55-K63); Diseases of oesophagus, stomach and duodenum (K20-K31)	21,769	10%	$133
411:	Management General Gastrointestinal 65+ years Symptoms and signs involving the digestive system and abdomen (R10-R19); Persons encountering health services in other circumstances (Z70-Z76); Other diseases of intestines (K55-K63); Diseases of oesophagus, stomach and duodenum (K20-K31); Noninfective enteritis and colitis (K50-K52)	20,627	10%	$139
407:	Management General Gastrointestinal 1.5 < 6 years Noninfective enteritis and colitis (K50-K52); Symptoms and signs involving the digestive system and abdomen (R10-R19); Other diseases of intestines (K55-K63); Intestinal infectious diseases (A00-A09)	12,928	6%	$127

Service Provider

Chinook Regional Health Authority	20,372
Palliser Health Region	13,745
Calgary Health Region	92,909
David Thompson Regional Health Authority	30,941
East Central Health	10,112
Capital Health	86,467
Aspen Regional Health Authority	23,272
Peace Country Health	27,907
Northern Lights Health Region	7,634

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
63:	Transfusions Transfusions, circulatory system NEC	8,925	90%	$516
23.2:	Lymphatic Interventions, General Anaesthetic Excision partial, breast; Biopsy, lymph nodes of neck region; Biopsy, axillary lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical); Biopsy, mediastinal lymph nodes; +++	615	6%	$1,910
23.4:	Lymphatic Interventions, No Anaesthetic Biopsy, lymph nodes of head region; Excision partial, lymph node(s), extremity NEC; Biopsy, lymph nodes of neck region; Biopsy, axillary lymph nodes	180	2%	$245
23.3:	Lymphatic Interventions, Other Anaesthetic Biopsy, bronchus; Biopsy, lymph nodes of neck region; Biopsy, inguinal lymph nodes; Biopsy, lung; Biopsy, mediastinal lymph nodes; +++	132	1%	$966
23.1:	Lymphatic Interventions, Local Anaesthetic Biopsy, lymph nodes of head region; Biopsy, inguinal lymph nodes; Excision partial, lymph node(s), neck region NEC (cervical); Excision partial, lymph node(s), axillary; Excision partial, lymph node(s), inguinal;+++	86	1%	$251

Gender

Female	19,728
Male	19,479
Other	2

Age Groups

Intervention Related Visits	
0 to 17 years old	780
18 to 69 years old	4,602
70 plus years old	4,557
Clinical Related Visits	
0 to 17 years old	7,420
18 to 69 years old	16,269
70 plus years old	5,581

Hematology

	Activity	
Intervention Related Visits	9,939	(25%)
Clinical Related Visits	29,270	(75%)
Total	39,209	

Region of Residence

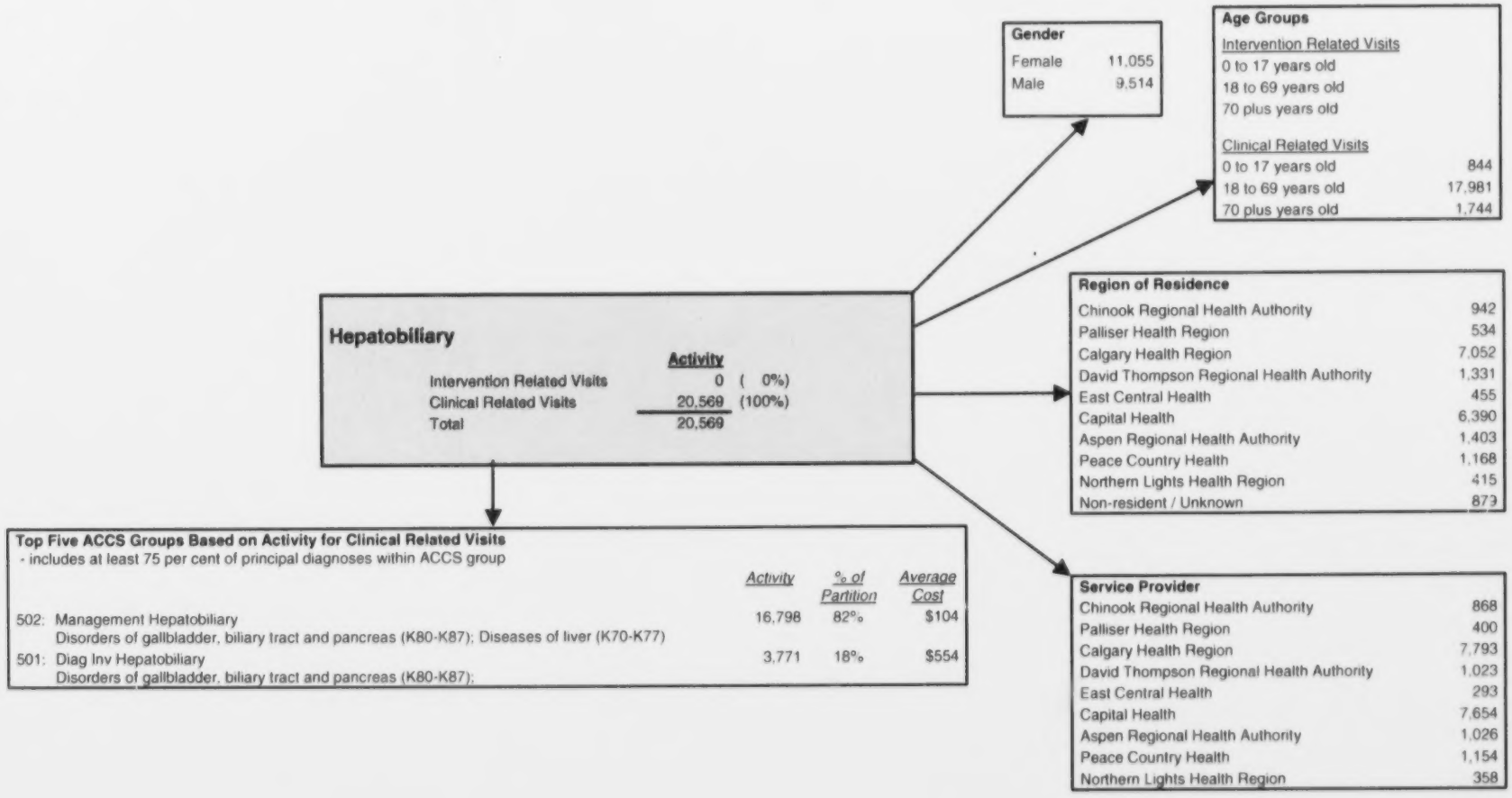
Chinook Regional Health Authority	1,308
Palliser Health Region	875
Calgary Health Region	15,932
David Thompson Regional Health Authority	2,274
East Central Health	1,244
Capital Health	13,165
Aspen Regional Health Authority	1,942
Peace Country Health	962
Northern Lights Health Region	277
Non-resident / Unknown	1,230

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
455:	Management Hematological 18 < 45 years Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Other diseases of blood and blood-forming organs (D70-D77); Aplastic and other anaemias (D60-D64); Systemic connective tissue disorders (M30-M36)	13,797	47%	$193
456:	Management Hematological 65+ years Aplastic and other anaemias (D60-D64); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Other diseases of blood and blood-forming organs (D70-D77); Neoplasms of uncertain or unknown behaviour (D37-D48)	6,831	23%	$175
452:	Management Hematological 0 < 6 years Other diseases of blood and blood-forming organs (D70-D77); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	3,068	10%	$198
454:	Management Hematological 12 < 18 years Other diseases of blood and blood-forming organs (D70-D77); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96); Haemolytic anaemias (D55-D59)	2,138	7%	$265
453:	Management Hematological 6 < 12 years Other diseases of blood and blood-forming organs (D70-D77); Coagulation defects, purpura and other haemorrhagic conditions (D65-D69); Malignant neoplasms of lymphoid, haematopoietic and related tissue (C81-C96)	1,967	7%	$226

Service Provider

Chinook Regional Health Authority	857
Palliser Health Region	371
Calgary Health Region	18,533
David Thompson Regional Health Authority	1,308
East Central Health	824
Capital Health	15,194
Aspen Regional Health Authority	1,139
Peace Country Health	832
Northern Lights Health Region	151


Gender
Female 11,055
Male 9,514
Age Groups
Intervention Related Visits
0 to 17 years old
18 to 69 years old
70 plus years old
Clinical Related Visits
0 to 17 years old 844
18 to 69 years old 17,981
70 plus years old 1,744
Hepatobiliary
Activity
Intervention Related Visits 0 (0%)
Clinical Related Visits 20,569 (100%)
Total 20,569
Region of Residence
Chinook Regional Health Authority 942
Palliser Health Region 534
Calgary Health Region 7,052
David Thompson Regional Health Authority 1,331
East Central Health 455
Capital Health 6,390
Aspen Regional Health Authority 1,403
Peace Country Health 1,168
Northern Lights Health Region 415
Non-resident / Unknown 879
Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group
Activity % of Partition Average Cost
502: Management Hepatobiliary 16,798 82% $104
Disorders of gallbladder, biliary tract and pancreas (K80-K87); Diseases of liver (K70-K77)
501: Diag Inv Hepatobiliary 3,771 18% $554
Disorders of gallbladder, biliary tract and pancreas (K80-K87);
Service Provider
Chinook Regional Health Authority 868
Palliser Health Region 400
Calgary Health Region 7,793
David Thompson Regional Health Authority 1,023
East Central Health 293
Capital Health 7,654
Aspen Regional Health Authority 1,026
Peace Country Health 1,154
Northern Lights Health Region 358

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
48:	Closed Reductions Reduction, radius and ulna; Reduction, shoulder joint; Reduction, wrist joint; Reduction, elbow joint; Reduction, metacarpal bones; +++	10,682	32%	$371
50:	Knee Interventions Repair, knee joint; Excision partial, meniscus of knee; Excision partial, knee joint; Repair, cruciate ligaments of knee	7,817	23%	$1,140
47:	Tendon & Muscle Interventions Release, flexor tendons of finger [excludes thumb]; Repair, extensor tendons of finger [excludes thumb]; Release, soft tissue of the wrist and hand; Excision partial, soft tissue of arm; Release, tendons of thumb [Pollicis tendons]; +++	4,033	12%	$750
51:	Hand, Ankle & Foot Immobilization, joints of fingers and hand NEC; Repair, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Excision partial, ankle joint; Repair, metacarpophalangeal joint(s); Repair, ankle joint; +++	2,688	8%	$1,269
52.1:	Remove Int Fixation, Lower Extremity Removal of device, ankle joint; Removal of device, tibia and fibula; Removal of device, knee joint; Removal of device, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Removal of device, tarsal bones and intertarsal joints [hindfoot, midfoot]	2,208	7%	$822

Musculoskeletal

	Activity	
Intervention Related Visits	33,759	(10%)
Clinical Related Visits	301,368	(90%)
Total	335,127	

Gender

Female	163,071
Male	172,052
Other	4

Age Groups

Intervention Related Visits	
0 to 17 years old	5,821
18 to 69 years old	25,364
70 plus years old	2,574
Clinical Related Visits	
0 to 17 years old	47,706
18 to 69 years old	212,182
70 plus years old	41,480

Region of Residence

Chinook Regional Health Authority	21,194
Palliser Health Region	9,854
Calgary Health Region	82,135
David Thompson Regional Health Authority	33,588
East Central Health	14,769
Capital Health	98,858
Aspen Regional Health Authority	25,659
Peace Country Health	28,703
Northern Lights Health Region	7,719
Non-resident / Unknown	12,648

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
564:	Management Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care (Z40-Z54); Dorsopathies (M40-M54); Arthropathies (M00-M25)	118,377	39%	$61
557:	Diag Inv Other Musculoskeletal 18+ years Persons encountering health services for specific procedures and health care (Z40-Z54); Persons encountering health services for examination and investigation (Z00-Z13);	78,156	26%	$176
562:	Management Inflam Musculoskeletal 18+ years Arthropathies (M00-M25); Soft tissue disorders (M60-M79)	34,200	11%	$81
556:	Diag Inv Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M80-M94)	21,547	7%	$160
563:	Management Other Musculoskeletal < 18 years Persons encountering health services for specific procedures and health care (Z40-Z54); Osteopathies and chondropathies (M80-M94); Dorsopathies (M40-M54);	20,795	7%	$70

Service Provider

Chinook Regional Health Authority	21,770
Palliser Health Region	8,388
Calgary Health Region	91,454
David Thompson Regional Health Authority	28,539
East Central Health	11,328
Capital Health	119,151
Aspen Regional Health Authority	18,540
Peace Country Health	29,155
Northern Lights Health Region	6,802

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
2:	Spinal Specimen collection (diagnostic), spinal canal and meninges; Anaesthetization, spinal canal and meninges; Pharmacotherapy, total body	3,393	32%	$498
1.3:	Nerve & Other, Other Anaesthetic Release, nerve(s) of forearm and wrist	1,762	17%	$893
3:	Nerve Injection Anaesthetization, peripheral nerves NEC; Anaesthetization, sympathetic nerves	1,628	16%	$102
1.1:	Nerve & Other, Local Anaesthetic Release, nerve(s) of forearm and wrist	1,298	12%	$234
1.2:	Nerve & Other, General Anaesthetic Release, nerve(s) of forearm and wrist; Excision partial, intervertebral disc; Release, nerve(s) of upper arm and elbow; Repair, nerve(s) of digit of hand; Repair, flexor tendons of finger [excludes thumb]; +++	1,282	12%	$1,393

Neurology

	Activity	
Intervention Related Visits	10,459	(7%)
Clinical Related Visits	149,396	(93%)
Total	159,855	

Gender

Female	93,684
Male	66,170
Other	1

Age Groups

Intervention Related Visits	
0 to 17 years old	882
18 to 69 years old	8,270
70 plus years old	1,307
Clinical Related Visits	
0 to 17 years old	20,721
18 to 69 years old	108,239
70 plus years old	20,436

Region of Residence

Chinook Regional Health Authority	9,067
Palliser Health Region	4,951
Calgary Health Region	58,909
David Thompson Regional Health Authority	16,517
East Central Health	5,601
Capital Health	35,798
Aspen Regional Health Authority	10,875
Peace Country Health	9,415
Northern Lights Health Region	2,564
Non-resident / Unknown	6,158

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
605:	Management General Neurology 18 < 65 years Episodic and paroxysmal disorders (G40-G47); Nerve, nerve root and plexus disorders (G50-G59); Demyelinating diseases of the central nervous system (G35-G37); Other disorders of the nervous system (G90-G99)	35,723	24%	$128
607:	Migraine Headache Episodic and paroxysmal disorders (G40-G47)	25,873	17%	$106
609:	Management Headache General symptoms and signs(R50-R69)	17,713	12%	$104
615:	Management Convulsions Episodic and paroxysmal disorders (G40-G47); General symptoms and signs(R50-R69)	15,646	10%	$133
613:	Management Cerebrovascular General symptoms and signs(R50-R69); Cerebrovascular diseases (I60-I69); Episodic and paroxysmal disorders (G40-G47)	14,245	10%	$171

Service Provider

Chinook Regional Health Authority	7,446
Palliser Health Region	3,207
Calgary Health Region	68,652
David Thompson Regional Health Authority	13,314
East Central Health	4,421
Capital Health	42,391
Aspen Regional Health Authority	8,988
Peace Country Health	9,138
Northern Lights Health Region	2,298

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
42:	Evacuations Surgical termination of pregnancy	14,368	100%	$525

Gender

Female	110,025
Male	1,887
Other	1

Age Groups

Intervention Related Visits	
0 to 17 years old	843
18 to 69 years old	13,458
70 plus years old	67
Clinical Related Visits	
0 to 17 years old	5,316
18 to 69 years old	92,223
70 plus years old	6

Obstetrics / Newborn

	Activity	
Intervention Related Visits	14,368	(13%)
Clinical Related Visits	97,545	(87%)
Total	111,913	

Region of Residence

Chinook Regional Health Authority	4,911
Palliser Health Region	6,031
Calgary Health Region	40,545
David Thompson Regional Health Authority	5,890
East Central Health	2,392
Capital Health	33,716
Aspen Regional Health Authority	6,104
Peace Country Health	5,511
Northern Lights Health Region	3,429
Non-resident / Unknown	3,384

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
663:	Management Antepartum Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)	49,590	51%	$144
651:	Antepartum Routine Persons encountering health services in circumstances related to reproduction (Z30-Z39)	28,119	29%	$156
662:	Diag Inv Antepartum Maternal care related to the fetus and amniotic cavity and possible deliver problems (O30-O48); Other maternal disorders predominantly related to pregnancy (O20-O29)	5,861	6%	$370
658:	Postpartum Conditions Outcomes Uncomplicated Complications predominantly related to the puerperium (O85-O92)	4,534	5%	$125
654:	Management Neonatal & Congenital Haemorrhagic and haematological disorders of fetus and newborn (p50-P61); Disorders related to length of gestation and fetal growth (P05-P08); Other disorders originating in the perinatal period (P90-P96); Other congenital malformations (Q80-Q89)	3,493	4%	$152

Service Provider

Chinook Regional Health Authority	4,731
Palliser Health Region	6,098
Calgary Health Region	43,560
David Thompson Regional Health Authority	4,410
East Central Health	1,549
Capital Health	38,697
Aspen Regional Health Authority	4,534
Peace Country Health	5,186
Northern Lights Health Region	3,148

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
65:	Chemotherapy - Oncology Pharmacotherapy, total body	1,895	100%	$345

Gender

Female	8,366
Male	9,807

Age Groups

Intervention Related Visits	
0 to 17 years old	614
18 to 69 years old	1,050
70 plus years old	231
Clinical Related Visits	
0 to 17 years old	7,423
18 to 69 years old	5,462
70 plus years old	3,393

Oncology

	Activity	
Intervention Related Visits	1,895	(10%)
Clinical Related Visits	16,278	(90%)
Total	18,173	

Region of Residence

Chinook Regional Health Authority	1,133
Palliser Health Region	528
Calgary Health Region	7,870
David Thompson Regional Health Authority	1,749
East Central Health	900
Capital Health	3,289
Aspen Regional Health Authority	864
Peace Country Health	697
Northern Lights Health Region	363
Non-resident / Unknown	780

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
702:	Management Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Persons encountering health services of specific procedures and health care (Z40-Z54); Malignant neoplasms of male gential organs (C60-C63); Malignant neoplasms of breast (C50); Malignant neoplasms of digestive organs (C15-C26)	14,425	89%	$140
701:	Diag Inv Oncological Neoplasms of uncertain or unknown behaviour (D37-D48); Malignant neoplasms of respiratory and intrathoracic organs (C30-C39); Malignant neoplasms of digestive organs (C15-C26); Malignant neoplasms of ill-defined, secondary and unspecified sites (C76-C80)	1,826	11%	$429
703:	Radiotherapy Persons encountering health services of specific procedures and health care (Z40-Z54)	27	0%	$89

Service Provider

Chinook Regional Health Authority	902
Palliser Health Region	199
Calgary Health Region	9,840
David Thompson Regional Health Authority	840
East Central Health	778
Capital Health	4,141
Aspen Regional Health Authority	558
Peace Country Health	633
Northern Lights Health Region	282

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
8:	External Eye Assessment (examination), eye; Removal of foreign body, eye NEC; Pharmacotherapy (local), eye NEC; Pressure measurement, eye; Removal of foreign body, cornea with sclera; +++	35,840	57%	$207
5:	Lens Interventions Excision total, lens	21,845	35%	$595
4:	Orbital & Other Eye Excision total, lens; Repair, upper eyelid; Excision total, vitreous; Drainage, anterior chamber (of eye); Excision partial, cornea	3,962	6%	$1,212
7:	Strabismus Transfer, ocular muscles and tendons; Destruction, ocular muscles and tendons	1,103	2%	$1,302
6:	Iris & Other Eye Excision partial, iris; Test, eye; Pressure measurement, circulatory system; Pressure measurement, eye	534	1%	$99

Gender

Blank	1
Female	62,986
Male	63,961
Other	10

Age Groups

Intervention Related Visits	
0 to 17 years old	10,806
18 to 69 years old	29,963
70 plus years old	22,515
Clinical Related Visits	
0 to 17 years old	14,385
18 to 69 years old	35,281
70 plus years old	14,008

Ophthalmology

	Activity	
Intervention Related Visits	63,284	(50%)
Clinical Related Visits	63,674	(50%)
Total	126,958	

Region of Residence

Chinook Regional Health Authority	5,199
Palliser Health Region	3,134
Calgary Health Region	41,046
David Thompson Regional Health Authority	10,989
East Central Health	5,036
Capital Health	39,284
Aspen Regional Health Authority	7,719
Peace Country Health	7,118
Northern Lights Health Region	2,665
Non-resident / Unknown	4,768

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
758:	Management Ophthalmology 45+ years Glaucoma (H40-H42); Disorders of choroid and retina (H30-H36); Disorders of conjunctiva (H10-H13); Disorders of lens (H25-H28); Disorders of sclera, cornea, iris and ciliary body (H15-H22); +++	28,126	44%	$98
757:	Management Ophthalmology 18 < 45 years Disorders of conjunctiva (H10-H13); Disorders of sclera, cornea, iris and ciliary body (H15-H22); Disorders of eyelid, lacrimal system and orbit (H00-H06); Glaucoma (H40-H42); Other disorders of eye and adnexa (H55-H59)	15,200	24%	$84
755:	Management Ophthalmology 0 < 12 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accomodation and refraction (H49-H52); Disorders of eyelid, lacrimal system and orbit (H00-H06)	10,970	17%	$85
754:	Diag Inv Ophthalmology 45+ years Disorders of choroid and retina (H30-H36); Glaucoma (H40-H42)	5,132	8%	$174
756:	Management Ophthalmology 12 < 18 years Disorders of conjunctiva (H10-H13); Disorders of ocular muscles, binocular movement, accomodation and refraction (H49-H52); Disorders of sclera, cornea, iris and ciliary body (H15-H22)	3,208	5%	$79

Service Provider

Chinook Regional Health Authority	4,510
Palliser Health Region	2,576
Calgary Health Region	46,444
David Thompson Regional Health Authority	7,158
East Central Health	3,580
Capital Health	48,628
Aspen Regional Health Authority	4,624
Peace Country Health	7,036
Northern Lights Health Region	2,402

Psychiatry

	Activity	
Intervention Related Visits	0	(0%)
Clinical Related Visits	506,543	(100%)
Total	506,543	

Gender

Female	307,776
Male	198,765
Other	2

Age Groups

Intervention Related Visits	
0 to 17 years old	
18 to 69 years old	
70 plus years old	
Clinical Related Visits	
0 to 17 years old	49,111
18 to 69 years old	439,697
70 plus years old	17,735

Region of Residence

Chinook Regional Health Authority	23,392
Palliser Health Region	1,930
Calgary Health Region	156,569
David Thompson Regional Health Authority	18,535
East Central Health	10,722
Capital Health	246,426
Aspen Regional Health Authority	10,145
Peace Country Health	9,807
Northern Lights Health Region	10,944
Non-resident / Unknown	18,073

Service Provider

Chinook Regional Health Authority	23,952
Palliser Health Region	1,579
Calgary Health Region	165,408
David Thompson Regional Health Authority	13,722
East Central Health	8,925
Capital Health	268,638
Aspen Regional Health Authority	5,839
Peace Country Health	7,522
Northern Lights Health Region	10,958

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1062: Group Therapy General symptoms and signs (R50-R69); Mood [affective] disorders (F30-F39); Schizophrenia, schizotypal and delusional disorders (F20-F29)	203,665	40%	$28
1057: Individual Therapy Mood [affective] disorders (F30-F39); General symptoms and signs (R50-R69); Schizophrenia, schizotypal and delusional disorders (F20-F29); Persons encountering health services for specific procedures and health care (Z40-Z54); Neurotic, stress-related and somatoform disorders (F40-F48)	101,975	20%	$97
802: Management Psychiatry Neurotic, stress-related and somatoform disorders (F40-F48); Mood [affective] disorders (F30-F39); Disorders of psychological development (F80-F89); Behavioural syndromes associated with physiological disturbances and physical factors (F50-F59)	71,811	14%	$145
1065: Patient Specific Consultations/Case Supervision Mood [affective] disorders (F30-F39); Neurotic, stress-related and somatoform disorders (F40-F48); Persons encountering health services for specific procedures and health care (Z40-Z54); Mental and behavioural disorders due to psychoactive substance use (F10-F19)	31,566	6%	$86
1064: Medication Administration General symptoms and signs (R50-R69); Schizophrenia, schizotypal and delusional disorders (F20-F29)	24,449	5%	$161

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
17:	Respiratory Endoscopy - ENT Inspection, larynx; Biopsy, bronchus; Inspection, nose' pharmacotherapy (local), nose; Biopsy, lung	5,689	90%	$521
15:	Other Respiratory Dilation, trachea; Implantation of internal device, trachea' Computerized tomography [CT], head NEC; Drainage, bladder NEC; Resuscitation, heart NEC; +++	590	9%	$795
9:	Bronch/Pharynx Closure of fistula, exteranl auditory meatus; Inspection, laryns; Bypass with exterirization, trachea; Destruction, trachea; Drainage, larynx NEC; +++	67	1%	$1,176

Gender

Female	78,477
Male	82,513
Other	4

Age Groups

Intervention Related Visits	
0 to 17 years old	1,145
18 to 69 years old	3,973
70 plus years old	1,228
Clinical Related Visits	
0 to 17 years old	54,771
18 to 69 years old	77,267
70 plus years old	22,610

Respiratory

	Activity	
Intervention Related Visits	6,346	(4%)
Clinical Related Visits	154,648	(96%)
Total	160,994	

Region of Residence

Chinook Regional Health Authority	8,094
Palliser Health Region	4,840
Calgary Health Region	45,084
David Thompson Regional Health Authority	17,465
East Central Health	6,825
Capital Health	37,798
Aspen Regional Health Authority	13,787
Peace Country Health	15,863
Northern Lights Health Region	5,008
Non-resident / Unknown	6,230

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
856:	Management General Respiratory 18 < 65 years Chronic lower respiratory diseases (J40-J47); Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Other acute lower respiratory infections (J20-J22)	45,693	30%	$141
852:	Diag Inv General Respiratory 18+ years Chronic lower respiratory diseases (J40-J47); Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Influenza and pneumonia (J10-J18)	37,855	24%	$345
854:	Management General Respiratory 1.5 < 6 years Chronic lower respiratory diseases (J40-J47); Acute upper respiratory infections (J00-J06); Other acute lower respiratory infections (J20-J22)	15,529	10%	$140
855:	Management General Respiratory 6 < 18 years Chronic lower respiratory diseases (J40-J47); Other acute lower respiratory infections (J20-J22); Other diseases of the respiratory system (J95-J99)	15,307	10%	$137
857:	Management General Respiratory 65+ years Chronic lower respiratory diseases (J40-J47); Other diseases of the respiratory system (J95-J99); Symptoms and signs involving the circulatory and respiratory systems (R00-R09)	14,409	9%	$203

Service Provider

Chinook Regional Health Authority	7,850
Palliser Health Region	4,652
Calgary Health Region	48,139
David Thompson Regional Health Authority	17,168
East Central Health	6,438
Capital Health	42,065
Aspen Regional Health Authority	12,941
Peace Country Health	16,332
Northern Lights Health Region	5,409

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
59.1:	Skin Interventions, Local Anaesthetic Repair, skin of hand; Repair, skin of face; Repair, scalp; Repair, skin of forehead; Repair, skin of leg; +++	48,118	41%	$133
59.4:	Skin Interventions, No Anaesthetic Repair, skin of hand; Excision partial, skin NEC; Destruction, skin of foot; Repair, scalp; Repair, skin of face; +++	42,599	36%	$158
59.3:	Skin Interventions, Other Anaesthetic Repair, skin of hand; Excision partial, nail; Repair, skin of forehead; Repair, skin of face; Excision partial, skin of abdomen and trunk; +++	10,254	9%	$195
53:	Soft Tissue Interventions Excision partial, tarsometatarsal joints, metatarsal bones and metatarsophalangeal joints [forefoot]; Excision partial, soft tissue of wrist and hand; Excision partial, soft tissue of head and neck; Excision partial, interphalangeal joints of hand; Amputation, phalanx of hand; +++	3,569	3%	$503
58.3:	Other Plastic Reconstruction Excision partial, skin of ear; Excision partial, skin of face; Repair, external ear NEC; Excision partial, skin of abdomen and trunk; Repair, lip; +++	3,559	3%	$1,092

Gender

Female	136,322
Male	169,158
Other	5

Age Groups

Intervention Related Visits	
0 to 17 years old	25,440
18 to 69 years old	80,690
70 plus years old	10,541
Clinical Related Visits	
0 to 17 years old	42,719
18 to 69 years old	124,161
70 plus years old	21,744

Skin & Soft Tissue

	Activity	
Intervention Related Visits	116,861	(38%)
Clinical Related Visits	188,624	(62%)
Total	305,485	

Region of Residence

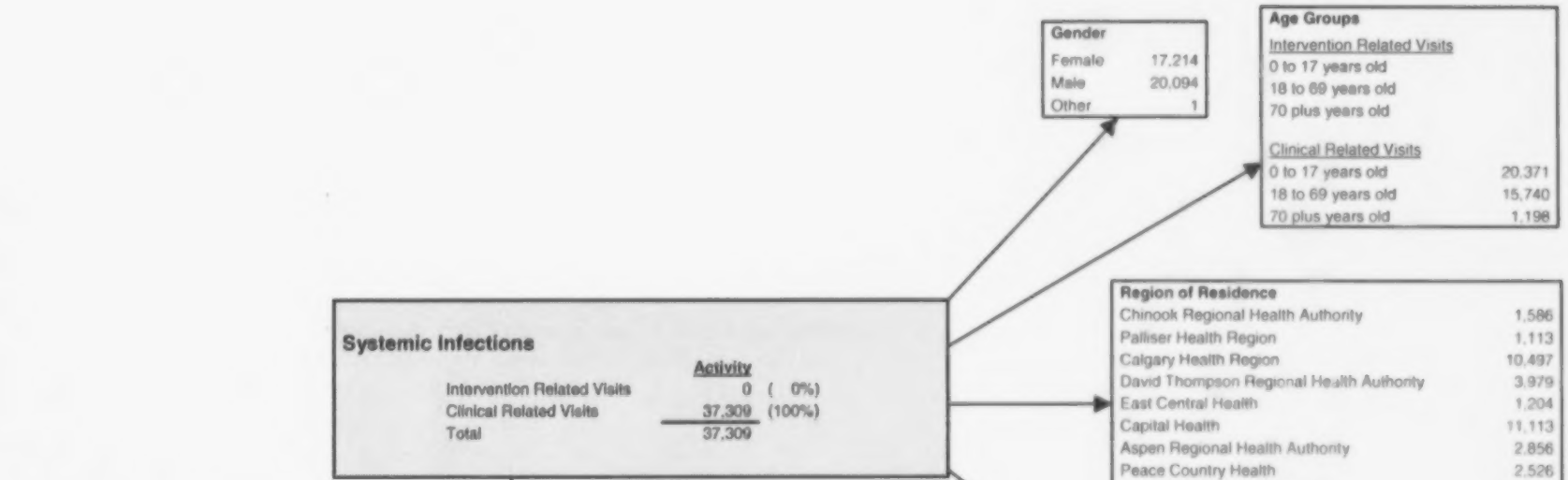
Chinook Regional Health Authority	20,769
Palliser Health Region	11,913
Calgary Health Region	60,501
David Thompson Regional Health Authority	36,543
East Central Health	18,219
Capital Health	70,460
Aspen Regional Health Authority	32,647
Peace Country Health	31,254
Northern Lights Health Region	11,696
Non-resident / Unknown	11,483

Service Provider

Chinook Regional Health Authority	21,232
Palliser Health Region	12,148
Calgary Health Region	64,083
David Thompson Regional Health Authority	36,911
East Central Health	18,011
Capital Health	76,295
Aspen Regional Health Authority	32,311
Peace Country Health	31,850
Northern Lights Health Region	12,644

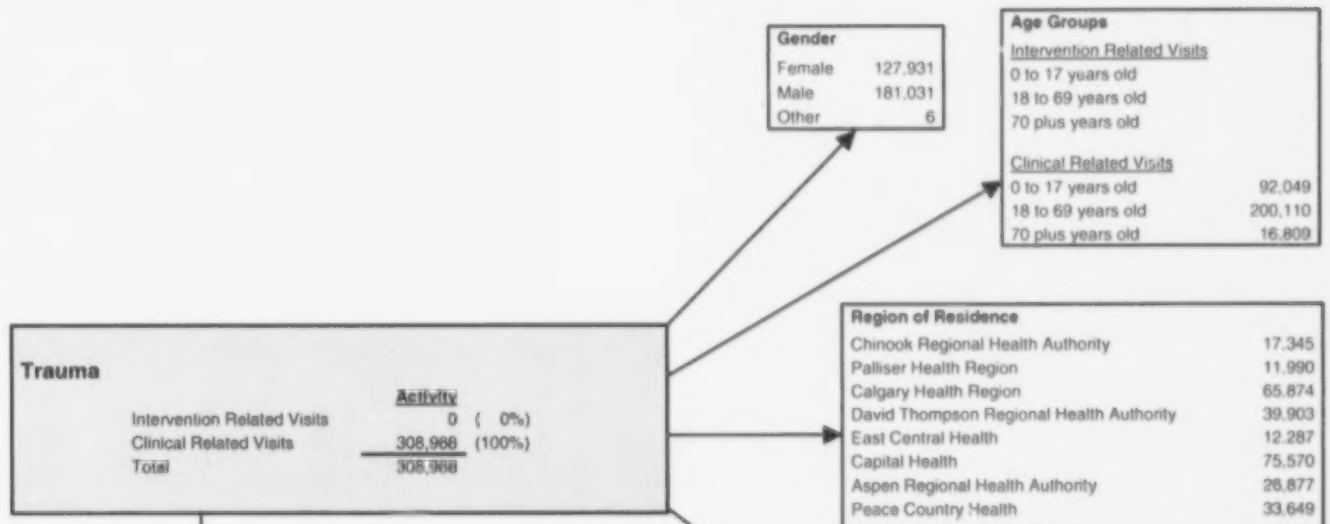
Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
902:	Management Skin & Soft Tissue Persons encountering health services for specific procedures and health care (Z40-Z54); Dermatitis and eczema (L20-L30); Symptoms and signs involving the skin and subcutaneous tissue (R20-R23); Injuries to the head (S00-S09); Urticaria and erythema (L50-L54); +++	154,667	82%	$87
906:	Cellulitis Infections of the skin and subcutaneous tissue (L00-L08)	20,482	11%	$158
901:	Diag Inv Skin & Soft Tissue Injuries to the head (S00-S09); Persons encountering health services for specific procedures and health care (Z40-Z54); Injuries to the wrist and hand (S60-S69); Injuries to the ankle and foot (S90-S99); Injuries to the thorax (S20-S29); +++	13,475	7%	$251



Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
952:	Management Systemic Infection < 18 years Other viral diseases (B25-B34); General symptoms and signs (R50-R69)	17,913	48%	$119
956:	Management AIDS Persons with potential health hazards related to communicable diseases (Z20-Z29); Human immunodeficiency virus [HIV] disease	6,601	18%	$176
953:	Management Systemic Infection 18 < 45 years Other viral diseases (B25-B34); Viral infections characterized by skin and mucous membrane lesions (B00-B09)	5,371	14%	$133
951:	Diag Inv Systemic Infection Other viral diseases (B25-B34); General symptoms and signs (R50-R69)	5,039	14%	$326
954:	Management Systemic Infection 45+ years Other viral diseases (B25-B34); General symptoms and signs (R50-R69); Other bacterial diseases (A30-A49); Viral infections characterized by skin and mucous membrane lesions (B00-B09)	2,234	6%	$135



Gender

Female	127,931
Male	181,031
Other	6

Age Groups

Intervention Related Visits	
0 to 17 years old	
18 to 69 years old	
70 plus years old	
Clinical Related Visits	
0 to 17 years old	92,049
18 to 69 years old	200,110
70 plus years old	16,809

Region of Residence

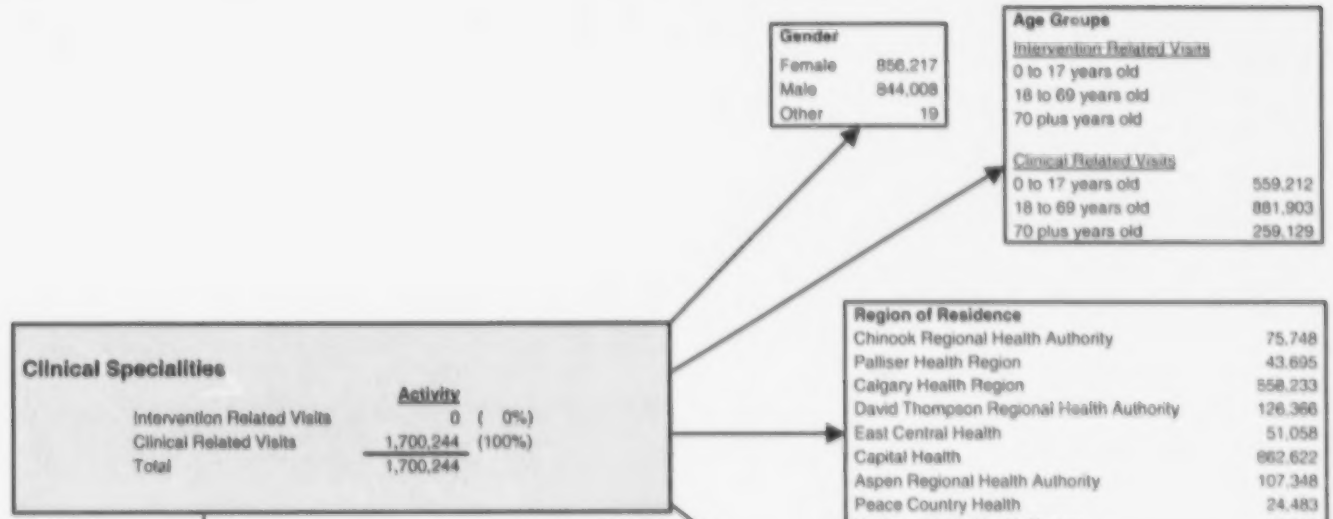
Chinook Regional Health Authority	17,345
Palliser Health Region	11,990
Calgary Health Region	65,874
David Thompson Regional Health Authority	39,903
East Central Health	12,287
Capital Health	75,570
Aspen Regional Health Authority	26,877
Peace Country Health	33,649
Northern Lights Health Region	9,444
Non-resident / Unknown	16,029

Service Provider

Chinook Regional Health Authority	17,772
Palliser Health Region	12,545
Calgary Health Region	70,779
David Thompson Regional Health Authority	41,453
East Central Health	12,232
Capital Health	78,996
Aspen Regional Health Authority	27,731
Peace Country Health	36,578
Northern Lights Health Region	10,882

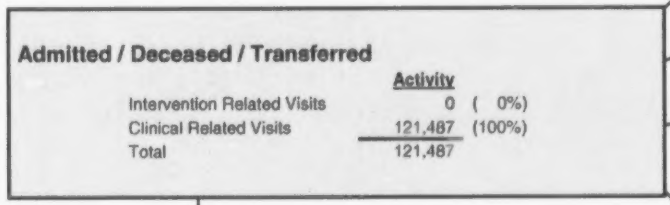
Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1009: Sprains Injuries to the ankle and foot (S90-S99); Injuries to the wrist and hand (S60-S69); Injuries to the neck (S10-S19); Injuries to the knee and lower leg (S80-S89)	69,913	23%	$167
1005: Closed Fracture & Dislocations Other Injuries to the elbow and forearm (S50-S59); Injuries to the knee and lower leg (S80-S89); Injuries to the wrist and hand (S60-S69); Injuries to the shoulder and upper arm (S40-S49); Injuries to the ankle and foot (S90-S99)	53,494	17%	$247
1011: Contusions except Fingers / Toes Injuries to the head (S00-S09); Injuries to the wrist and hand (S60-S69); Injuries to the thorax (S20-S29); Injuries to the knee and lower leg (S80-S89); Injuries to the ankle and foot (S90-S99); +++	42,709	14%	$162
1021: Minor Other Injuries Complications of surgical and medical care, not elsewhere classified (T80-T88); Injuries to the wrist and hand (S60-S69); Injuries to the shoulder and upper arm (S40-S49); Injuries to the ankle and foot (S90-S99); Injuries to the knee and lower leg (S80-S89); +++	31,059	10%	$165
1007: Open Wounds without Complications Injuries to the wrist and hand (S60-S69); Injuries to the head (S00-S09); Injuries to the ankle and foot (S90-S99)	28,159	9%	$115



Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
1111:Physical Therapy Group 1 Persons encountering health services for specific procedures and health care (Z40-Z54)	357,690	21%	$32
1112: Physical Therapy Group 2 Persons encountering health services for specific procedures and health care (Z40-Z54)	308,745	18%	$48
1114: Physical Therapy Group 4 Persons encountering health services for specific procedures and health care (Z40-Z54)	139,851	8%	$110
1132: Speech-Language Pathology Group 2 Persons encountering health services for specific procedures and health care (Z40-Z54)	124,225	7%	$84
1134: Speech-Language Pathology Group 4 Persons encountering health services for specific procedures and health care (Z40-Z54)	101,332	6%	$190



Admitted / Deceased / Transferred

	Activity	
Intervention Related Visits	0	(0%)
Clinical Related Visits	121,487	(100%)
Total	121,487	

Gender

Blank	1
Female	70,989
Male	50,493
Other	4

Age Groups

Intervention Related Visits	
0 to 17 years old	
18 to 69 years old	
70 plus years old	
Clinical Related Visits	
0 to 17 years old	15,453
18 to 69 years old	79,051
70 plus years old	26,983

Region of Residence

Chinook Regional Health Authority	7,326
Palliser Health Region	4,773
Calgary Health Region	28,653
David Thompson Regional Health Authority	15,606
East Central Health	6,754
Capital Health	22,138
Aspen Regional Health Authority	11,548
Peace Country Health	16,402
Northern Lights Health Region	3,009
Non-resident / Unknown	5,278

Service Provider

Chinook Regional Health Authority	6,997
Palliser Health Region	4,481
Calgary Health Region	32,324
David Thompson Regional Health Authority	14,765
East Central Health	6,222
Capital Health	25,904
Aspen Regional Health Authority	10,581
Peace Country Health	17,498
Northern Lights Health Region	2,715

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

	Activity	% of Partition	Average Cost
2004: Other Unit without Secondary Diagnosis Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Persons encountering health services in circumstances related to reproduction (Z30-Z39); Symptoms and signs involving the digestive system and abdomen (R10-R19); Symptoms and signs involving the circulatory and respiratory systems (R00-R09); General symptoms and signs (R50-R69); +++	56,372	46%	$262
2003: Other Unit with Secondary Diagnosis Symptoms and signs involving the digestive system and abdomen (R10-R19); General symptoms and signs (R50-R69); Persons encountering health services in circumstances related to reproduction (Z30-Z39); Poisoning by drugs, medicaments and biological substances (T36-T50); Mood [affective] disorders (F30-F39); +++	40,405	33%	$278
2041: Patient Transferred with Secondary Diagnosis Ischaemic heart diseases (I20-I25); Injuries to the head (S00-S09); Mood [affective] disorders (F30-F39); Symptoms and signs involving the circulatory and respiratory systems (R00-R09); Poisoning by drugs, medicaments and biological substances (T36-T50); +++	8,840	7%	$329
2042: Patient Transferred without Secondary Diagnosis Ischaemic heart diseases (I20-I25); Maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48); Cerebrovascular diseases (I60-I69); Diseases of appendix (K35-K38); Schizophrenia, schizotypal and delusional disorders (F20-F29); +++	7,131	6%	$290
2002: Critical Care Unit or O.R. without Secondary Diagnosis Ischaemic heart diseases (I20-I25); Diseases of appendix (K35-K38); Persons encountering health services in circumstances related to reproduction (Z30-Z39); Other forms of heart disease (I30-I52); Symptoms and signs involving the circulatory and respiratory systems (R00-R09); +++	4,389	4%	$468

Top Five ACCS Groups Based on Activity for Intervention Related Visits
- includes at least 75 per cent of procedures (coded as first intervention) within ACCS group

		Activity	% of Partition	Average Cost
79:	Other Xray Xray, spinal vertebrae; Xray, knee joint; Xray, foot; Xray, joints of fingers and hand NEC; Xray, shoulder joint; +++	159,066	32%	$119
75:	Hospital Visit Including CAT Scan Computerized tomography [CT], head NEC; Computerized tomography [CT], abdominal cavity; Computerized tomography [CT], spinal vertebrae; Computerized tomography [CT], thoracic cavity; Computerized tomography [CT], brain; +++	120,342	24%	$446
78:	Chest Xray Xray, thoracic cavity NEC	64,861	13%	$81
81:	Ultrasound Ultrasound, abdominal cavity; Obstetrical ultrasound examinations; Ultrasound, vessels of the pelvis, perineum and gluteal region; Ultrasound, heart with coronary arteries; Ultrasound, vein NEC	62,235	13%	$302
76:	Hospital Visit Including MRI Magnetic resonance imaging [MRI], spinal vertebrae; Magnetic resonance imaging, brain; Magnetic resonance imaging [MRI], leg NEC; Magnetic resonance imaging [MRI], arm NEC	54,131	11%	$573

Gender

Female	630,192
Male	573,590
Other	22

Age Groups

Intervention Related Visits	
0 to 17 years old	49,199
18 to 69 years old	356,587
70 plus years old	90,841
Clinical Related Visits	
0 to 17 years old	136,077
18 to 69 years old	464,875
70 plus years old	106,225

Exam / Other

	Activity	
Intervention Related Visits	496,627	(41%)
Clinical Related Visits	707,177	(59%)
Total	1,203,804	

Region of Residence

Chinook Regional Health Authority	65,217
Palliser Health Region	62,950
Calgary Health Region	262,795
David Thompson Regional Health Authority	155,258
East Central Health	69,333
Capital Health	303,614
Aspen Regional Health Authority	118,957
Peace Country Health	91,713
Northern Lights Health Region	35,648
Non-resident / Unknown	38,319

Top Five ACCS Groups Based on Activity for Clinical Related Visits
- includes at least 75 per cent of principal diagnoses within ACCS group

		Activity	% of Partition	Average Cost
704:	IV Therapy – Non Cancer Related Persons encountering health services for specific procedures and health care (Z40-Z54)	159,809	23%	$116
2062:	Preoperative Exam Persons encountering health services for examination and investigation (Z00-Z13)	85,487	12%	$210
2060:	Therapeutic Medical Counseling Persons encountering health services in other circumstances (Z70-Z76); Persons with potential health hazards related to socioeconomic and psychosocial circumstances (Z55-Z65)	71,984	10%	$154
2069:	Postsurgical Status Persons encountering health services for specific procedures and health care (Z40-Z54)	71,159	10%	$129
2064:	Therapy – No Intervention Code Persons encountering health services for specific procedures and health care (Z40-Z54)	63,292	9%	$127

Service Provider

Chinook Regional Health Authority	64,657
Palliser Health Region	61,062
Calgary Health Region	284,429
David Thompson Regional Health Authority	143,960
East Central Health	58,104
Capital Health	365,784
Aspen Regional Health Authority	101,594
Peace Country Health	89,946
Northern Lights Health Region	34,268

Miscellaneous

	Activity
Non – Registered	
Clinical Related Visits	642
Telephone Visits	
Clinical Related Visits	345,938
Left without Being Seen	
Clinical Related Visits	7,676
Other Interventions	
Intervention Related Visits	14,853
Ungroupable	
Intervention Related Visits	177
Clinical Related Visits	2,509

Definitions

Activity Total number of cases in Alberta in 2003/2004 reported by all facilities providing health services (schedules 3 and 6). See page 7.

Average Cost Average of the specified cost data.

Average LOS Average length of stay in days; the day of admission is counted but the day of separation is not counted in this calculation.

Blended Results based on cost records from two years, 2002/2003 and 2003/2004 (see Note).

Coefficient of Variation Measures the spread of the cost data (based on the set of cost records), as a proportion of the average cost (mean). It is the ratio of the standard deviation divided by the mean.

Cost per Day Total costs divided by total length of stay.

Costed Cases Includes the number of cases that have been costed. The total number of cases costed for each Case Mix Group (CMG) may not equal the sum of cases costed for each complexity level due to different trim point calculations for CMGs and Plx groups (CMG code + Plx level).

Direct Cost Includes all costs directly incurred by the department providing the service to the patient. This typically includes health provider costs, direct supervision, supplies, and equipment costs.

Indirect Cost Includes costs incurred by departments not providing services to patients. This includes administrative services such as finance, human resources, IT, and support services such as plant, costs, material management, housekeeping, admitting and registration, health records and food services.

Low Volume Cells that have five or fewer costed cases.

Manual Top-Up A proxy case used to provide an estimated or derived cost when no cases were costed.

Plx Level Complexity level (see page 10).

Standard Deviation Measures the variability or distribution of the cost data (based on the set of cost records). It is calculated from the deviations (differences) between each data value and the mean. The more disperse the data is, the larger the standard deviation.

SWRV System wide relative value (see Appendix).

Trim Point The length of stay (LOS) value used to exclude some cost records from the calculations, as they are considered to be atypical.

Note: 2002/2003 results reported on Schedules 2 and 5 are based only on that year's cost data appropriately inflated as indicated on page 5. 2003/2004 results are based on actual 2003/2004 cost records submitted.

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
001	PWS - Craniotomy Procedures		7.0	11,379	2,955	14,334	2,045	2,128
001		Plx1	5.7	9,373	2,453	11,826	2,068	1,644
001		Plx2	10.0	14,151	3,785	17,937	1,801	207
001		Plx3	12.7	16,897	4,490	21,387	1,686	134
001		Plx4	25.1	41,127	10,199	51,325	2,045	225
003	PWS - Spinal Procedures		5.8	7,466	2,249	9,715	1,686	307
003		Plx1	4.7	6,221	1,926	8,147	1,720	254
003		Plx2	11.1	12,523	3,503	16,026	1,447	26
003		Plx3	11.2	15,290	4,396	19,686	1,766	20
003		Plx4	25.6	25,873	7,351	33,224	1,298	17
004	PWS - Extracranial Vascular Procedures		3.2	5,030	1,591	6,621	2,043	692
004		Plx1	2.7	4,369	1,457	5,827	2,172	599
004		Plx2	6.0	7,701	2,319	10,021	1,660	28
004		Plx3	7.6	9,359	2,649	12,008	1,570	34
004		Plx4	13.0	18,318	4,828	23,146	1,780	23
005	PWS - Ventricular Shunt Revision		2.8	4,721	1,114	5,835	2,119	179
005		Plx1	2.8	4,739	1,116	5,854	2,113	166
005		Plx2	6.4	9,246	2,163	11,410	1,783	10
005		Plx3	2.8	4,690	1,247	5,937	2,096	6
005		Plx4	9.0	10,985	2,364	13,350	1,483	3
006	Carpal Tunnel Release And Specified Nervous System Procedures		2.4	4,152	1,373	5,525	2,259	146
006		Plx1	2.3	4,021	1,332	5,354	2,290	139
006		Plx2	4.2	5,100	1,547	6,647	1,583	5
006		Plx3	11.0	12,848	4,079	16,927	1,539	2
006		Plx4	28.1	32,706	9,520	42,226	1,501	8
007	Peripheral, Cranial Nerve And Other Neurological Procedures		12.2	16,135	4,189	20,324	1,668	71
007		Plx1	4.9	6,517	1,874	8,391	1,704	40
007		Plx2	11.4	14,899	3,643	18,543	1,630	8
007		Plx3	17.0	20,775	6,279	27,054	1,591	3
007		Plx4	32.3	40,343	10,535	50,879	1,575	20

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
010	Neoplasm Of Nervous System		9.6	5,981	1,732	7,713	803	486
010		Plx1	7.9	4,970	1,407	6,377	812	325
010		Plx2	11.7	6,505	1,959	8,464	723	100
010		Plx3	20.5	11,758	3,522	15,279	744	39
010		Plx4	20.2	14,316	4,365	18,681	927	31
011	Degenerative Nervous Disorders		15.7	9,104	2,771	11,875	756	316
011		Plx1	12.8	6,735	2,116	8,852	693	216
011		Plx2	19.0	9,780	3,129	12,910	680	38
011		Plx3	22.8	13,065	3,861	16,926	743	36
011		Plx4	35.4	26,649	7,711	34,360	971	30
012	Multiple Sclerosis And Cerebellar Disorders		9.0	5,930	1,628	7,557	842	214
012		Plx1	6.9	4,375	1,150	5,525	801	169
012		Plx2	20.0	11,877	3,586	15,464	775	27
012		Plx3	34.1	17,968	5,944	23,912	701	10
012		Plx4	19.0	19,822	5,524	25,346	1,334	9
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		8.8	6,371	1,719	8,090	915	3,211
013		Plx1	6.3	4,580	1,169	5,748	919	2,247
013		Plx2	16.7	10,112	2,955	13,068	784	450
013		Plx3	17.0	11,280	3,334	14,614	862	292
013		Plx4	21.8	17,571	4,998	22,568	1,033	261
014	Transient Ischemic Attacks And Precerebral Occlusions		3.7	3,216	736	3,952	1,054	1,032
014		Plx1	3.5	2,940	666	3,607	1,041	934
014		Plx2	9.3	6,527	1,738	8,265	893	81
014		Plx3	12.6	9,524	2,410	11,933	948	37
014		Plx4	24.7	19,684	5,087	24,771	1,004	15
015	Nonspecific Cerebrovascular Disorders		6.9	5,105	1,414	6,519	939	136
015		Plx1	5.2	3,489	950	4,439	857	105
015		Plx2	19.2	9,452	3,222	12,674	661	12
015		Plx3	10.9	7,602	2,120	9,722	894	8
015		Plx4	17.7	18,801	5,204	24,005	1,355	14

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
017	Cranial And Peripheral Nerve Diseases		7.4	4,606	1,284	5,891	795	283
017		Plx1	6.0	3,512	978	4,490	748	216
017		Plx2	11.3	6,677	1,968	8,645	764	31
017		Plx3	14.4	8,681	2,476	11,157	775	23
017		Plx4	34.4	34,813	9,329	44,142	1,283	20
018	Viral Meningitis		2.9	1,694	546	2,240	772	170
018		Plx1	2.9	1,676	542	2,219	777	166
018		Plx2	7.7	3,555	1,039	4,594	599	3
018		Plx3	11.4	6,607	2,201	8,808	773	5
018		Plx4						
019	Infection Except Viral Meningitis		7.4	6,520	1,787	8,306	1,126	341
019		Plx1	5.5	4,192	1,156	5,348	980	237
019		Plx2	10.3	9,693	2,797	12,490	1,216	33
019		Plx3	10.8	8,758	2,493	11,251	1,042	35
019		Plx4	16.4	20,094	5,000	25,093	1,534	36
020	Hypertensive Encephalopathy		5.8	5,372	1,939	7,311	1,271	8
020		Plx1	4.2	3,125	934	4,059	974	6
020		Plx2	17.0	20,462	9,022	29,484	1,734	1
020		Plx3	4.0	3,763	889	4,652	1,163	1
020		Plx4	38.0	16,399	6,494	22,892	602	1
021	Non-Traumatic Stupor And Coma		4.8	4,126	1,147	5,274	1,088	139
021		Plx1	3.1	2,449	683	3,132	1,024	84
021		Plx2	7.4	4,770	1,400	6,169	834	20
021		Plx3	7.2	6,066	1,739	7,804	1,087	17
021		Plx4	8.1	11,785	2,865	14,650	1,812	12
022	Seizure And Headache		3.3	2,563	695	3,259	1,002	2,076
022		Plx1	3.1	2,413	651	3,063	979	1,886
022		Plx2	5.4	4,165	1,190	5,355	985	115
022		Plx3	7.0	5,892	1,642	7,533	1,074	87
022		Plx4	15.2	18,762	4,775	23,537	1,553	50

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
028	Other Nervous System Diagnoses		6.7	5,159	1,453	6,612	983	738
028		Plx1	5.5	3,364	946	4,311	787	515
028		Plx2	8.7	5,150	1,575	6,725	771	79
028		Plx3	7.5	7,557	2,204	9,761	1,294	46
028		Plx4	10.7	15,182	4,099	19,281	1,803	88
040	Tracheostomy And Gastrostomy Procedures		51.5	63,411	17,672	81,083	1,575	509
040		Plx1	30.6	22,655	6,665	29,320	959	79
040		Plx2	33.5	22,736	6,539	29,275	875	13
040		Plx3	37.1	28,780	8,287	37,066	998	59
040		Plx4	60.9	82,030	22,706	104,735	1,719	363
050	Orbital Procedures		1.4	1,567	618	2,185	1,564	706
050		Plx1	1.4	1,562	617	2,179	1,578	699
050		Plx2	6.8	6,619	2,084	8,703	1,280	10
050		Plx3	5.2	4,333	1,893	6,226	1,197	5
050		Plx4	4.3	4,576	1,301	5,877	1,356	3
051	Other Intraocular Procedures		1.3	1,429	629	2,059	1,529	248
051		Plx1	1.3	1,421	623	2,044	1,524	240
051		Plx2	2.0	1,728	954	2,682	1,341	7
051		Plx3	1.5	2,326	928	3,254	2,169	2
051		Plx4						
052	Retinal Procedures		1.0	1,381	542	1,923	1,923	2,096
052		Plx1	1.0	1,380	541	1,922	1,922	2,087
052		Plx2	2.2	2,175	844	3,019	1,384	11
052		Plx3	1.8	2,361	831	3,192	1,773	5
052		Plx4						
053	Iris And Lens Procedures		1.7	1,492	603	2,095	1,269	20
053		Plx1	1.7	1,492	603	2,095	1,269	20
053		Plx2						
053		Plx3	7.0	6,069	3,092	9,161	1,309	1
053		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
054	Extraocular Procedures		1.4	1,676	711	2,387	1,748	63
054		Pix1	1.4	1,676	711	2,387	1,748	63
054		Pix2						
054		Pix3	17.0	12,919	3,792	16,711	983	2
054		Pix4	13.0	19,045	8,575	27,620	2,125	1
055	Lens Insertion (MNRH)		1.0	2,084	652	2,736	2,736	298
055		Pix1	1.0	2,083	650	2,733	2,733	297
055		Pix2	7.0	5,244	2,865	8,110	1,159	1
055		Pix3	1.0	2,432	1,118	3,550	3,550	1
055		Pix4						
057	Other Ophthalmic Procedures (MNRH)		1.0	1,100	407	1,507	1,507	92
057		Pix1	1.0	1,100	407	1,507	1,507	92
057		Pix2	2.0	1,811	648	2,460	1,230	2
057		Pix3	3.0	2,061	712	2,774	925	2
057		Pix4						
060	Major Eye Infections		4.0	2,846	1,148	3,994	987	103
060		Pix1	4.1	2,925	1,185	4,110	996	96
060		Pix2	9.5	2,276	888	3,164	333	6
060		Pix3	4.3	3,110	1,139	4,249	981	3
060		Pix4						
062	Hyphema		2.9	1,670	543	2,213	757	13
062		Pix1	2.9	1,670	543	2,213	757	13
062		Pix2						
062		Pix3						
062		Pix4						
063	Other Ophthalmic Diagnoses (MNRH)		2.7	2,344	687	3,031	1,111	221
063		Pix1	2.5	2,058	617	2,674	1,053	202
063		Pix2	9.0	6,244	1,738	7,982	887	15
063		Pix3	4.6	4,297	1,434	5,730	1,239	8
063		Pix4	8.0	15,878	3,906	19,784	2,473	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
075	PWS - Radical Laryngectomy And Glossectomy		19.0	27,699	9,756	37,455	1,968	131
075		Plx1	14.9	22,806	7,930	30,736	2,063	69
075		Plx2	20.8	30,011	10,776	40,787	1,964	17
075		Plx3	28.4	36,639	12,774	49,413	1,738	21
075		Plx4	30.2	40,220	14,167	54,387	1,798	29
076	PWS - Major Head And Neck Procedures		7.5	11,606	3,793	15,399	2,063	320
076		Plx1	4.5	6,881	2,452	9,333	2,082	238
076		Plx2	13.6	18,300	6,118	24,418	1,800	23
076		Plx3	12.5	16,555	5,363	21,918	1,749	17
076		Plx4	24.3	46,731	12,681	59,412	2,449	42
077	Less Extensive Head And Neck Procedures		1.6	2,169	865	3,034	1,941	435
077		Plx1	1.5	2,094	831	2,925	1,929	426
077		Plx2	4.6	6,320	3,019	9,339	2,030	5
077		Plx3	4.7	4,859	1,718	6,577	1,409	6
077		Plx4	19.3	45,039	12,286	57,326	2,965	6
078	Cleft Lip And Palate Repair		2.0	3,417	1,137	4,554	2,255	299
078		Plx1	2.0	3,394	1,131	4,526	2,248	297
078		Plx2	4.0	9,821	2,674	12,495	3,124	4
078		Plx3	10.0	10,729	3,493	14,222	1,422	1
078		Plx4						
081	Salivary Gland Procedures		1.5	2,696	1,106	3,802	2,587	309
081		Plx1	1.5	2,688	1,104	3,792	2,584	308
081		Plx2	6.0	8,132	2,429	10,561	1,760	1
081		Plx3	2.0	5,190	1,595	6,785	3,392	1
081		Plx4						
082	Minor Ear, Nose And Throat Procedures		1.4	1,677	651	2,328	1,679	124
082		Plx1	1.4	1,677	651	2,328	1,679	124
082		Plx2	14.0	5,085	2,010	7,095	507	1
082		Plx3						
082		Plx4	10.0	17,067	5,458	22,524	2,252	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
083	Reconstructive ENT Procedures		2.3	4,175	1,608	5,782	2,558	753
083		Pix1	2.2	4,144	1,597	5,741	2,560	745
083		Pix2	3.5	7,003	2,973	9,976	2,850	4
083		Pix3	4.6	7,168	2,107	9,275	2,016	5
083		Pix4	7.5	15,968	5,252	21,219	2,829	2
084	Miscellaneous Ear, Nose And Throat Procedures		2.6	2,863	945	3,808	1,492	201
084		Pix1	2.5	2,796	930	3,726	1,490	194
084		Pix2	9.4	8,578	2,418	10,996	1,166	7
084		Pix3	15.3	8,222	2,626	10,848	707	3
084		Pix4	17.6	35,562	8,784	44,346	2,520	5
085	Mastoid Procedures		1.3	10,616	1,074	11,691	9,010	363
085		Pix1	1.0	5,930	983	6,913	6,913	273
085		Pix2	4.1	14,830	1,740	16,570	4,000	7
085		Pix3	9.2	28,603	3,645	32,248	3,518	6
085		Pix4	17.0	21,605	7,411	29,016	1,707	2
086	Other Tonsillar Procedures		2.7	2,877	869	3,747	1,379	46
086		Pix1	2.4	2,319	751	3,070	1,259	41
086		Pix2	1.0	1,185	323	1,508	1,508	1
086		Pix3	1.0	1,389	358	1,747	1,747	1
086		Pix4	7.7	11,568	2,843	14,411	1,880	3
087	Sinus Procedures		1.0	1,596	693	2,288	2,288	94
087		Pix1	1.0	1,595	689	2,285	2,285	93
087		Pix2	6.0	13,629	2,312	15,942	2,657	1
087		Pix3	4.5	6,517	1,962	8,479	1,884	4
087		Pix4	6.0	6,435	1,891	8,326	1,388	2
088	Ethmoidectomy (MNRH)		1.0	1,434	742	2,175	2,175	441
088		Pix1	1.0	1,433	741	2,175	2,175	440
088		Pix2	2.5	2,248	1,235	3,483	1,393	2
088		Pix3	26.0	17,051	4,800	21,850	840	1
088		Pix4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
089	*Dental Extraction Or Restoration (MNRH)*		1.4	1,893	718	2,611	1,827	275
089		Ptx1	1.4	1,880	712	2,593	1,836	267
089		Ptx2	3.6	3,202	1,316	4,519	1,271	9
089		Ptx3	1.0	2,495	771	3,266	3,266	2
089		Ptx4	8.0	5,715	1,413	7,129	891	1
090	External And Middle Ear Procedures (MNRH)		1.0	1,397	675	2,072	2,072	178
090		Ptx1	1.0	1,392	675	2,067	2,067	177
090		Ptx2						
090		Ptx3	1.0	2,280	612	2,892	2,892	1
090		Ptx4						
091	Nasal Procedures (MNRH)		1.0	1,221	566	1,787	1,787	107
091		Ptx1	1.0	1,221	566	1,787	1,787	107
091		Ptx2	6.0	13,816	3,966	17,782	2,964	2
091		Ptx3						
091		Ptx4						
092	Myringotomy (MNRH)		1.3	1,626	467	2,093	1,640	47
092		Ptx1	1.0	1,308	379	1,686	1,686	36
092		Ptx2	3.7	3,118	890	4,009	1,093	3
092		Ptx3	2.3	3,120	858	3,978	1,768	4
092		Ptx4	6.0	6,711	2,275	8,986	1,498	1
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		1.0	1,532	494	2,026	2,026	661
093		Ptx1	1.0	1,528	494	2,022	2,022	655
093		Ptx2	3.3	4,549	1,408	5,957	1,801	13
093		Ptx3	1.3	2,891	766	3,657	2,742	3
093		Ptx4	9.0	24,133	5,425	29,558	3,284	3
100	ENT Malignancy		12.3	8,194	2,492	10,685	869	102
100		Ptx1	7.0	4,748	1,451	6,200	886	64
100		Ptx2	14.7	9,221	2,943	12,164	827	14
100		Ptx3	22.8	12,903	3,895	16,797	737	14
100		Ptx4	31.5	25,321	7,265	32,586	1,034	10

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
101	Acute Suppurative Infections		3.7	2,175	765	2,939	800	46
101		Plx1	3.7	2,187	770	2,957	802	45
101		Plx2	3.0	1,610	537	2,147	716	1
101		Plx3						
101		Plx4						
102	Dysequilibrium		3.7	1,919	570	2,489	679	446
102		Plx1	3.3	1,747	511	2,258	683	410
102		Plx2	7.6	3,847	1,345	5,192	686	23
102		Plx3	6.3	3,890	1,062	4,953	782	3
102		Plx4						
104	Influenza		3.0	2,198	708	2,906	978	395
104		Plx1	2.8	2,073	677	2,750	966	354
104		Plx2	4.4	3,128	1,009	4,138	940	25
104		Plx3	4.9	4,268	1,166	5,434	1,099	18
104		Plx4	24.9	29,516	8,098	37,614	1,513	7
107	Epiglottitis		3.2	3,542	1,007	4,549	1,427	53
107		Plx1	2.6	2,661	778	3,438	1,305	41
107		Plx2	2.0	3,772	1,092	4,863	2,432	4
107		Plx3	3.5	6,356	1,608	7,963	2,275	2
107		Plx4	8.0	12,080	3,371	15,451	1,931	5
108	Epistaxis		3.1	1,743	594	2,338	745	248
108		Plx1	3.0	1,622	559	2,182	728	222
108		Plx2	3.6	2,149	722	2,870	804	14
108		Plx3	9.2	4,936	1,548	6,483	707	12
108		Plx4	7.8	4,719	1,290	6,009	770	5
109	Other ENT Infections		3.4	2,080	747	2,828	823	179
109		Plx1	3.2	1,903	706	2,609	807	167
109		Plx2	5.9	4,155	1,227	5,382	914	9
109		Plx3	12.7	8,984	2,691	11,674	922	3
109		Plx4	8.0	5,012	1,008	6,020	752	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
113	Sinusitis (MNRH)		3.0	2,132	770	2,902	952	62
113		Plx1	2.8	1,987	728	2,715	984	54
113		Plx2	7.0	3,867	1,352	5,219	746	7
113		Plx3	4.0	3,134	924	4,058	1,014	1
113		Plx4	6.5	3,992	1,475	5,467	841	2
114	Sore Throat (MNRH)		2.4	1,540	552	2,092	859	260
114		Plx1	2.4	1,501	542	2,042	858	252
114		Plx2	4.2	1,566	737	2,303	548	5
114		Plx3	5.0	4,198	1,169	5,367	1,073	4
114		Plx4	8.0	8,358	1,851	10,209	1,276	1
115	Miscellaneous ENT Diagnoses (MNRH)		1.0	1,182	369	1,551	1,551	178
115		Plx1	1.0	1,171	370	1,541	1,541	164
115		Plx2	5.5	4,266	1,342	5,608	1,022	41
115		Plx3	11.1	8,530	2,473	11,003	987	21
115		Plx4	14.4	15,701	4,200	19,901	1,383	18
116	Croup (MNRH)		1.4	1,201	419	1,619	1,171	269
116		Plx1	1.4	1,187	416	1,603	1,163	264
116		Plx2	1.8	2,302	643	2,946	1,683	4
116		Plx3	3.7	5,084	1,232	6,316	1,723	3
116		Plx4	10.5	23,294	5,368	28,662	2,730	2
125	Tracheostomy		47.8	82,702	23,470	106,172	2,220	279
125		Plx1	8.8	10,199	3,298	13,497	1,532	26
125		Plx2	11.0	16,823	5,527	22,350	2,032	2
125		Plx3	14.7	25,660	6,736	32,396	2,209	6
125		Plx4	53.9	93,058	26,420	119,479	2,216	246
126	PWS - Resection Of Lung		6.8	8,199	2,556	10,755	1,578	757
126		Plx1	6.1	7,341	2,339	9,679	1,581	546
126		Plx2	8.6	9,513	2,946	12,460	1,454	137
126		Plx3	10.3	11,574	3,473	15,047	1,455	56
126		Plx4	16.0	23,148	6,330	29,478	1,634	44

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
127	Major Respiratory Procedures		10.7	10,307	2,972	13,278	1,240	879
127		Plx1	7.8	6,557	1,974	8,531	1,098	488
127		Plx2	12.5	9,444	2,813	12,257	984	162
127		Plx3	14.1	11,738	3,522	15,260	1,079	99
127		Plx4	18.5	28,650	7,373	36,022	1,944	131
128	Minor Respiratory Procedures		4.9	5,770	1,746	7,515	1,540	158
128		Plx1	4.3	5,409	1,679	7,088	1,657	122
128		Plx2	6.0	7,389	2,029	9,418	1,559	24
128		Plx3	10.4	6,450	2,009	8,459	813	10
128		Plx4	29.9	47,034	12,322	59,356	1,984	12
129	Other Respiratory Procedures		2.6	3,424	917	4,341	1,650	322
129		Plx1	1.4	2,644	657	3,301	2,439	249
129		Plx2	10.4	6,523	1,920	8,443	813	36
129		Plx3	10.3	5,805	1,834	7,639	741	13
129		Plx4	22.9	22,865	6,728	29,593	1,290	16
135	Tuberculosis		18.4	8,636	2,597	11,233	611	76
135		Plx1	15.6	6,956	2,103	9,059	580	57
135		Plx2	27.2	13,095	3,863	16,959	623	9
135		Plx3	23.0	11,983	3,470	15,453	672	6
135		Plx4	40.3	20,932	6,555	27,487	683	4
136	Respiratory Failure		10.3	11,256	3,198	14,454	1,400	709
136		Plx1	7.4	6,195	1,900	8,095	1,092	229
136		Plx2	9.0	7,050	2,091	9,141	1,015	128
136		Plx3	10.8	8,782	2,638	11,421	1,054	118
136		Plx4	14.9	20,870	5,688	26,558	1,780	243
137	Respiratory Infections And Inflammations		9.1	7,131	2,168	9,299	1,024	1,242
137		Plx1	7.3	4,785	1,482	6,267	855	645
137		Plx2	10.3	6,715	2,096	8,811	857	199
137		Plx3	12.1	8,489	2,718	11,207	930	207
137		Plx4	15.2	16,455	4,766	21,220	1,394	222

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
138	Respiratory Neoplasms		10.8	6,289	1,969	8,258	767	1,390
138		Plx1	8.2	4,784	1,475	6,259	766	628
138		Plx2	12.5	6,743	2,148	8,891	713	396
138		Plx3	12.7	7,637	2,380	10,017	788	233
138		Plx4	17.1	11,298	3,406	14,704	861	141
139	Interstitial Disease		9.6	6,271	1,886	8,157	849	281
139		Plx1	6.8	3,757	1,138	4,895	724	156
139		Plx2	11.4	5,950	1,839	7,789	681	36
139		Plx3	12.0	6,264	2,089	8,352	697	48
139		Plx4	18.4	19,289	5,545	24,834	1,348	38
140	Chronic Obstructive Pulmonary Disease (COPD)		8.0	4,587	1,485	6,072	755	1,700
140		Plx1	6.5	3,175	1,034	4,209	644	962
140		Plx2	9.9	5,124	1,706	6,830	688	274
140		Plx3	10.2	5,719	1,901	7,620	746	259
140		Plx4	15.4	11,564	3,688	15,252	989	257
141	Pulmonary Edema		6.9	9,402	2,525	11,927	1,725	201
141		Plx1	4.3	3,074	950	4,025	933	105
141		Plx2	6.6	4,901	1,538	6,439	973	21
141		Plx3	8.2	6,404	2,184	8,588	1,044	22
141		Plx4	13.4	27,826	7,377	35,203	2,625	56
142	Chronic Bronchitis		6.8	3,717	1,197	4,914	719	3,154
142		Plx1	5.7	2,783	913	3,697	644	2,251
142		Plx2	8.8	4,411	1,443	5,855	666	368
142		Plx3	10.2	5,951	1,923	7,874	774	347
142		Plx4	14.6	12,122	3,667	15,789	1,080	204
143	Simple Pneumonia And Pleurisy		5.9	3,817	1,220	5,037	848	5,677
143		Plx1	4.6	2,658	897	3,555	774	3,957
143		Plx2	8.8	4,899	1,589	6,488	740	833
143		Plx3	9.5	6,402	1,980	8,382	886	520
143		Plx4	14.4	14,798	4,202	19,000	1,318	398

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
144	Pneumothorax		4.3	2,649	847	3,496	809	331
144		Plx1	3.9	2,270	732	3,002	764	294
144		Plx2	8.8	4,894	1,752	6,646	756	24
144		Plx3	9.2	7,611	1,957	9,568	1,040	15
144		Plx4	15.3	17,181	5,559	22,740	1,483	3
145	Tracheobronchitis		3.2	2,617	957	3,574	1,123	1,768
145		Plx1	3.1	2,513	938	3,451	1,110	1,690
145		Plx2	6.6	5,605	1,641	7,246	1,101	76
145		Plx3	9.9	10,904	3,064	13,968	1,411	40
145		Plx4	15.5	40,246	9,252	49,498	3,187	47
146	Asthma		2.4	1,850	626	2,476	1,035	2,305
146		Plx1	2.4	1,795	615	2,410	1,018	2,246
146		Plx2	6.6	5,166	1,447	6,613	1,009	45
146		Plx3	4.9	5,316	1,430	6,746	1,363	39
146		Plx4	11.5	28,160	6,691	34,852	3,031	24
147	Other Respiratory Diagnoses		4.2	3,337	960	4,297	1,026	1,164
147		Plx1	3.4	2,549	752	3,301	958	894
147		Plx2	6.0	4,529	1,311	5,840	979	125
147		Plx3	8.0	6,163	1,771	7,934	990	94
147		Plx4	12.1	15,302	3,767	19,068	1,571	73
175	PWS - Heart Or Lung Transplant		29.8	61,412	18,211	79,623	2,671	113
175		Plx1	14.8	32,732	10,035	42,766	2,885	17
175		Plx2	17.2	34,805	10,779	45,585	2,649	19
175		Plx3	16.9	37,032	11,023	48,055	2,851	14
175		Plx4	47.3	92,872	27,366	120,238	2,543	66
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		24.5	36,758	8,882	45,640	1,864	119
176		Plx1	18.2	23,713	5,719	29,432	1,617	35
176		Plx2	23.0	28,294	7,077	35,371	1,538	28
176		Plx3	28.0	31,341	8,247	39,588	1,414	19
176		Plx4	34.0	67,291	15,509	82,800	2,435	40

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		8.7	19,218	4,802	24,020	2,760	996
177		Plx1	6.7	15,449	3,852	19,301	2,867	575
177		Plx2	9.7	19,448	4,805	24,253	2,510	184
177		Plx3	13.1	24,757	6,539	31,296	2,384	104
177		Plx4	17.5	39,321	9,945	49,266	2,821	148
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		17.9	24,952	6,689	31,641	1,769	611
178		Plx1	16.2	20,539	5,677	26,217	1,619	169
178		Plx2	16.8	21,480	5,904	27,384	1,627	231
178		Plx3	19.0	25,055	6,639	31,694	1,665	113
178		Plx4	24.2	45,682	11,584	57,266	2,364	105
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		7.7	13,663	4,019	17,682	2,299	2,740
179		Plx1	6.1	11,391	3,489	14,880	2,446	1,443
179		Plx2	8.6	14,113	4,088	18,201	2,125	762
179		Plx3	10.5	17,401	4,882	22,284	2,119	291
179		Plx4	16.9	34,245	9,232	43,476	2,567	252
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		22.4	49,382	11,286	60,668	2,705	49
181		Plx1	10.3	13,396	3,223	16,620	1,608	6
181		Plx2	16.5	21,873	5,642	27,514	1,671	13
181		Plx3	16.7	23,139	6,462	29,601	1,771	7
181		Plx4	32.5	88,140	19,690	107,830	3,322	24
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		7.4	17,315	4,515	21,831	2,936	572
182		Plx1	5.9	12,942	3,535	16,478	2,806	323
182		Plx2	7.2	16,885	4,377	21,262	2,955	92
182		Plx3	8.4	17,491	4,733	22,224	2,636	51
182		Plx4	16.1	40,889	9,820	50,710	3,142	130
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		8.5	16,273	3,802	20,075	2,354	255
183		Plx1	4.1	8,989	1,760	10,750	2,638	80
183		Plx2	8.2	14,008	3,094	17,102	2,088	47
183		Plx3	9.6	17,763	4,359	22,122	2,315	45
183		Plx4	15.0	26,993	7,006	33,999	2,263	87

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		10.1	13,481	3,712	17,194	1,698	181
184		Ptx1	5.2	8,053	2,168	10,221	1,951	75
184		Ptx2	10.1	12,608	3,514	16,122	1,591	37
184		Ptx3	11.7	11,047	3,102	14,150	1,205	27
184		Ptx4	19.5	28,530	7,929	36,459	1,872	40
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		10.4	30,150	5,057	35,208	3,391	415
185		Ptx1	8.0	28,510	4,557	33,067	4,156	187
185		Ptx2	10.3	27,989	4,601	32,591	3,154	120
185		Ptx3	13.1	33,458	5,825	39,283	3,009	74
185		Ptx4	23.3	42,909	8,745	51,654	2,213	41
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		5.4	13,622	2,626	16,249	2,987	1,212
186		Ptx1	4.0	12,073	2,230	14,303	3,616	881
186		Ptx2	9.3	16,651	3,505	20,156	2,172	195
186		Ptx3	10.6	19,008	3,925	22,933	2,163	108
186		Ptx4	16.7	25,606	5,950	31,556	1,889	48
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		4.9	8,820	2,106	10,926	2,244	2,601
188		Ptx1	4.2	8,306	1,924	10,230	2,452	1,848
188		Ptx2	5.9	9,072	2,265	11,337	1,912	453
188		Ptx3	8.1	11,120	2,912	14,032	1,736	220
188		Ptx4	13.5	18,527	5,314	23,840	1,768	132
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.3	6,171	1,291	7,463	5,552	1,938
189		Ptx1	1.0	6,073	1,317	7,390	7,390	993
189		Ptx2	2.5	6,813	1,450	8,262	3,312	875
189		Ptx3	5.8	9,514	2,132	11,646	1,997	101
189		Ptx4	12.4	14,656	3,858	18,515	1,488	18
191	Temporary Cardiac Pacemaker		8.1	9,942	2,673	12,616	1,563	42
191		Ptx1	6.4	7,935	1,981	9,915	1,557	19
191		Ptx2	5.8	7,290	1,945	9,235	1,606	4
191		Ptx3	12.2	12,174	3,545	15,719	1,288	5
191		Ptx4	8.5	11,710	3,269	14,980	1,770	13

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
193	Cardiac Pacemaker Device Replacement Or Revision		2.2	9,673	1,093	10,766	4,791	81
193		Plx1	1.6	9,373	898	10,271	6,445	64
193		Plx2	8.8	16,634	3,172	19,806	2,254	14
193		Plx3	9.7	15,643	2,996	18,639	1,928	6
193		Plx4	21.3	31,676	7,314	38,990	1,828	3
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		2.2	5,295	1,127	6,421	2,865	443
194		Plx1	1.3	4,451	892	5,343	4,262	347
194		Plx2	5.3	8,136	2,012	10,148	1,910	32
194		Plx3	5.7	8,968	2,239	11,207	1,978	12
194		Plx4	16.5	24,903	5,787	30,689	1,860	10
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		7.4	8,876	2,575	11,450	1,557	155
200		Plx1	4.1	4,383	1,209	5,592	1,367	33
200		Plx2	6.9	8,078	2,508	10,586	1,526	32
200		Plx3	8.4	8,539	2,438	10,978	1,314	45
200		Plx4	12.0	17,711	5,136	22,847	1,901	49
201	AMI With Cardiac Cath With Congestive Heart Failure		11.9	10,286	3,368	13,654	1,149	203
201		Plx1	10.1	8,420	2,717	11,136	1,098	123
201		Plx2	13.5	10,890	3,712	14,602	1,086	31
201		Plx3	11.7	10,688	3,656	14,344	1,222	27
201		Plx4	21.1	22,424	7,077	29,501	1,399	23
202	AMI With Cardiac Cath With Ventricular Tachycardia		10.0	8,756	2,836	11,592	1,154	22
202		Plx1	9.5	8,163	2,669	10,832	1,144	15
202		Plx2	5.0	4,396	1,600	5,996	1,199	1
202		Plx3	6.5	7,856	3,027	10,883	1,674	2
202		Plx4	13.0	13,134	3,499	16,633	1,279	3
203	AMI With Cardiac Cath With Angina		7.2	5,766	1,979	7,744	1,075	79
203		Plx1	6.8	5,561	1,916	7,477	1,095	70
203		Plx2	11.8	7,562	2,572	10,134	859	5
203		Plx3	9.3	7,909	2,732	10,641	1,140	3
203		Plx4	4.0	4,645	1,160	5,805	1,451	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		8.0	6,403	2,026	8,429	1,054	938
204		Plx1	7.5	5,979	1,886	7,864	1,054	830
204		Plx2	11.7	9,016	2,859	11,875	1,012	53
204		Plx3	11.8	8,900	2,896	11,796	997	35
204		Plx4	12.7	14,309	4,553	18,863	1,489	15
205	AMI Without Cardiac Cath With Congestive Heart Failure		9.0	6,689	2,172	8,861	990	433
205		Plx1	7.1	5,130	1,695	6,824	955	240
205		Plx2	11.4	8,017	2,552	10,570	927	77
205		Plx3	10.9	7,340	2,357	9,696	891	52
205		Plx4	15.1	12,976	4,132	17,108	1,133	73
206	AMI Without Cardiac Cath With Ventricular Tachycardia		6.2	5,491	1,796	7,287	1,173	52
206		Plx1	5.1	4,340	1,511	5,851	1,157	34
206		Plx2	8.3	5,555	1,829	7,383	895	4
206		Plx3	5.3	7,570	2,240	9,809	1,868	8
206		Plx4	13.5	10,548	3,240	13,788	1,021	6
207	AMI Without Cardiac Cath With Angina		6.3	4,418	1,378	5,795	926	43
207		Plx1	5.4	3,731	1,164	4,896	902	35
207		Plx2	14.6	9,755	3,153	12,908	884	5
207		Plx3	9.0	6,563	1,973	8,537	949	3
207		Plx4	13.0	10,429	2,909	13,338	1,026	1
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		4.7	4,062	1,211	5,273	1,111	1,420
208		Plx1	4.4	3,704	1,100	4,804	1,080	1,172
208		Plx2	7.0	5,526	1,706	7,232	1,038	93
208		Plx3	6.1	4,928	1,485	6,412	1,055	102
208		Plx4	10.2	11,104	3,350	14,454	1,414	72
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		10.1	7,707	2,464	10,171	1,005	32
210		Plx1	8.3	6,291	2,008	8,299	1,003	22
210		Plx2	15.4	9,922	2,831	12,753	828	5
210		Plx3	16.0	13,148	4,023	17,171	1,073	4
210		Plx4	16.5	13,276	5,045	18,321	1,110	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		6.9	4,943	1,563	6,506	946	354
211		Plx1	6.8	4,829	1,536	6,365	937	331
211		Plx2	8.6	6,393	1,960	8,354	969	16
211		Plx3	7.0	7,066	2,005	9,071	1,296	6
211		Plx4	22.5	16,308	4,674	20,982	933	2
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		6.8	5,129	1,571	6,700	980	67
212		Plx1	6.2	4,238	1,329	5,567	898	56
212		Plx2	7.7	7,328	2,546	9,874	1,288	3
212		Plx3	12.5	8,610	2,655	11,265	901	6
212		Plx4	29.0	15,672	6,119	21,791	751	6
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		3.5	2,559	782	3,342	946	668
213		Plx1	3.4	2,469	762	3,231	938	625
213		Plx2	6.1	4,035	1,216	5,251	860	38
213		Plx3	14.6	8,995	3,139	12,134	830	13
213		Plx4	6.3	6,751	1,667	8,418	1,329	9
215	Cardiac Cath With Congestive Heart Failure		12.4	8,869	2,746	11,615	933	448
215		Plx1	10.9	7,294	2,272	9,565	878	319
215		Plx2	14.4	9,668	3,003	12,671	878	54
215		Plx3	13.5	10,871	3,262	14,133	1,051	40
215		Plx4	23.6	21,401	6,620	28,021	1,187	35
216	Cardiac Cath With Ventricular Tachycardia		9.2	7,024	2,210	9,235	1,002	205
216		Plx1	8.9	6,305	2,030	8,335	940	179
216		Plx2	10.0	8,141	2,524	10,665	1,066	13
216		Plx3	11.3	8,218	2,313	10,531	933	7
216		Plx4	19.3	23,701	6,803	30,505	1,582	7
217	Cardiac Cath With Unstable Angina		6.9	4,776	1,529	6,305	914	481
217		Plx1	6.5	4,539	1,447	5,985	914	442
217		Plx2	9.5	6,324	2,047	8,370	885	22
217		Plx3	12.8	9,339	3,057	12,395	972	8
217		Plx4	12.4	9,100	2,995	12,095	973	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
218	Cardiac Cath Without Specified Cardiac Conditions		4.8	3,847	1,078	4,925	1,030	1,463
218		Plx1	4.6	3,740	1,047	4,787	1,035	1,400
218		Plx2	8.6	6,300	1,870	8,170	948	42
218		Plx3	9.7	6,617	1,881	8,498	881	20
218		Plx4	16.4	9,133	2,859	11,992	729	9
219	Endocarditis		17.5	11,678	3,564	15,242	870	120
219		Plx1	14.1	7,309	2,316	9,625	684	54
219		Plx2	17.3	10,161	3,234	13,395	773	9
219		Plx3	12.7	9,724	2,785	12,509	984	24
219		Plx4	25.8	20,342	6,212	26,555	1,030	32
220	Pulmonary Embolism		6.9	4,052	1,232	5,284	768	984
220		Plx1	5.8	3,204	976	4,181	716	604
220		Plx2	7.5	4,400	1,332	5,732	764	240
220		Plx3	12.5	7,171	2,240	9,411	754	94
220		Plx4	12.5	10,303	3,036	13,338	1,071	57
222	Heart Failure		8.6	4,702	1,538	6,240	727	3,518
222		Plx1	7.0	3,613	1,190	4,803	690	2,230
222		Plx2	11.0	5,583	1,864	7,447	677	632
222		Plx3	14.2	7,564	2,532	10,096	709	422
222		Plx4	19.6	12,925	4,098	17,023	869	360
225	Hypertensive Heart Disease		8.4	4,628	1,469	6,097	726	60
225		Plx1	6.7	4,136	1,292	5,428	807	18
225		Plx2	8.0	3,916	1,291	5,206	654	30
225		Plx3	13.4	7,862	2,559	10,421	778	10
225		Plx4	22.3	14,955	4,423	19,378	868	3
226	Other Circulatory Diagnoses		5.4	3,911	1,197	5,108	942	955
226		Plx1	4.3	2,994	912	3,906	917	646
226		Plx2	7.7	4,978	1,585	6,563	849	196
226		Plx3	11.2	8,250	2,559	10,808	968	87
226		Plx4	15.9	13,292	4,104	17,396	1,095	62

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
229	Atherosclerosis (MNRH)		5.1	3,240	1,033	4,273	834	843
229		Plx1	4.1	2,572	805	3,377	817	636
229		Plx2	8.2	4,918	1,587	6,505	796	118
229		Plx3	12.0	8,141	2,679	10,820	900	68
229		Plx4	16.1	12,168	3,936	16,104	1,001	32
232	Acquired Valvular Disorders (MNRH)		6.6	4,152	1,320	5,473	828	117
232		Plx1	6.2	3,621	1,149	4,770	773	69
232		Plx2	5.9	3,920	1,234	5,154	876	35
232		Plx3	23.2	9,705	3,650	13,355	576	11
232		Plx4	27.7	22,919	7,360	30,279	1,092	11
233	Hypertension (MNRH)		3.9	2,329	706	3,036	774	235
233		Plx1	3.7	2,162	661	2,823	769	197
233		Plx2	5.4	3,583	1,031	4,614	859	27
233		Plx3	5.5	3,727	1,106	4,833	879	10
233		Plx4	16.5	8,569	2,628	11,197	679	6
234	Congenital Cardiac Disorders (MNRH)		5.1	6,346	1,642	7,988	1,562	35
234		Plx1	3.4	4,071	991	5,062	1,511	20
234		Plx2	7.4	7,101	1,933	9,034	1,221	10
234		Plx3	17.0	9,132	2,779	11,912	701	1
234		Plx4	14.6	43,860	9,425	53,285	3,650	5
235	Angina Pectoris		3.1	1,934	615	2,549	833	201
235		Plx1	2.9	1,837	581	2,418	835	185
235		Plx2	5.9	3,541	1,208	4,749	808	16
235		Plx3	11.5	4,577	2,003	6,580	572	4
235		Plx4						
237	Arrhythmia		4.8	3,157	964	4,122	867	2,064
237		Plx1	3.9	2,621	787	3,408	884	1,539
237		Plx2	7.4	4,310	1,373	5,683	772	358
237		Plx3	9.8	6,544	1,971	8,515	868	137
237		Plx4	16.5	11,600	3,514	15,114	914	64

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
240	**Syncope And Collapse**		**4.2**	**2,414**	**718**	**3,132**	**745**	**581**
240		Plx1	4.0	2,304	678	2,982	751	521
240		Plx2	8.1	3,907	1,313	5,220	642	48
240		Plx3	11.7	6,253	2,089	8,342	711	30
240		Plx4	13.5	9,126	2,790	11,916	883	4
242	**Chest Pain**		**2.6**	**1,819**	**526**	**2,345**	**916**	**1,917**
242		Plx1	2.5	1,791	517	2,307	916	1,836
242		Plx2	4.7	3,029	911	3,940	834	76
242		Plx3	7.1	4,583	1,440	6,024	848	30
242		Plx4	15.8	7,633	2,360	9,992	632	5
250	**Extensive Gastrointestinal Procedures**		**15.1**	**17,536**	**5,715**	**23,251**	**1,535**	**143**
250		Plx1	10.6	11,313	3,936	15,248	1,436	63
250		Plx2	13.8	15,166	5,563	20,729	1,501	21
250		Plx3	17.9	20,664	6,262	26,926	1,507	22
250		Plx4	24.8	31,663	9,532	41,195	1,660	39
251	**Gastrostomy And Colostomy Procedures**		**15.5**	**14,299**	**4,620**	**18,919**	**1,221**	**1,874**
251		Plx1	10.9	8,890	3,089	11,979	1,096	989
251		Plx2	15.5	12,509	4,243	16,752	1,081	206
251		Plx3	17.2	14,391	4,643	19,034	1,105	268
251		Plx4	35.9	40,197	11,910	52,107	1,453	475
252	**Major Esophageal, Stomach And Duodenum Procedures**		**13.6**	**13,370**	**4,308**	**17,678**	**1,305**	**120**
252		Plx1	11.0	9,084	3,212	12,296	1,118	73
252		Plx2	13.1	11,668	3,706	15,374	1,171	15
252		Plx3	12.5	10,782	4,545	15,326	1,226	8
252		Plx4	27.0	36,156	10,836	46,992	1,738	27
253	**Major Intestinal And Rectal Procedures**		**10.4**	**8,716**	**2,951**	**11,667**	**1,117**	**2,702**
253		Plx1	8.9	7,019	2,443	9,462	1,066	1,810
253		Plx2	12.8	9,968	3,453	13,421	1,047	261
253		Plx3	13.2	10,660	3,619	14,280	1,083	321
253		Plx4	21.2	22,856	7,014	29,870	1,409	378

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		6.5	6,045	2,005	8,050	1,236	1,089
255		Ptx1	5.8	5,360	1,800	7,160	1,225	873
255		Ptx2	8.9	8,564	2,841	11,405	1,279	88
255		Ptx3	10.1	8,214	2,780	10,994	1,087	88
255		Ptx4	16.3	19,647	5,560	25,208	1,542	72
258	Laparotomy		7.7	6,222	2,061	8,283	1,079	984
258		Ptx1	6.4	4,907	1,703	6,611	1,029	729
258		Ptx2	12.2	9,459	3,110	12,568	1,033	111
258		Ptx3	13.9	10,980	3,532	14,512	1,044	90
258		Ptx4	17.2	18,284	5,298	23,583	1,375	79
260	Less Extensive Intestinal And Rectal Procedures		2.9	2,345	813	3,158	1,079	314
260		Ptx1	2.7	2,209	759	2,967	1,081	291
260		Ptx2	7.4	5,069	1,826	6,896	932	15
260		Ptx3	5.8	3,490	1,450	4,939	859	12
260		Ptx4	32.0	29,806	9,698	39,503	1,234	5
261	Complicated Appendectomy		4.7	3,786	1,307	5,093	1,095	1,160
261		Ptx1	4.2	3,456	1,203	4,659	1,112	1,002
261		Ptx2	8.1	6,338	2,043	8,381	1,035	51
261		Ptx3	6.3	4,698	1,683	6,381	1,009	62
261		Ptx4	7.5	7,232	2,201	9,433	1,254	23
262	Simple Appendectomy		2.3	2,204	772	2,975	1,312	2,754
262		Ptx1	2.2	2,188	767	2,955	1,314	2,718
262		Ptx2	4.3	4,009	1,331	5,340	1,248	25
262		Ptx3	5.4	4,191	1,452	5,643	1,040	26
262		Ptx4	9.7	8,351	2,463	10,814	1,119	6
264	Minor Gastrointestinal Procedures		3.0	3,526	1,132	4,658	1,569	130
264		Ptx1	2.9	3,382	1,090	4,472	1,558	115
264		Ptx2	4.0	4,407	1,447	5,854	1,464	12
264		Ptx3	7.0	6,624	2,114	8,738	1,248	3
264		Ptx4	6.3	6,959	2,247	9,206	1,454	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
265	Abdominal Laparoscopy		2.6	2,374	811	3,185	1,205	84
265		Plx1	2.6	2,377	806	3,183	1,207	80
265		Plx2	1.5	1,103	378	1,481	987	2
265		Plx3	5.0	4,516	1,891	6,407	1,281	1
265		Plx4	23.0	9,739	3,510	13,249	576	2
266	Anus And Stomal Procedures (MNRH)		2.2	1,880	681	2,561	1,158	665
266		Plx1	2.1	1,844	671	2,515	1,183	641
266		Plx2	5.3	3,229	1,162	4,391	833	22
266		Plx3	9.2	5,356	1,941	7,297	796	12
266		Plx4	39.3	31,022	9,163	40,185	1,023	11
269	Bilateral Hernia Procedures		2.4	2,421	919	3,341	1,373	1,739
269		Plx1	2.3	2,342	893	3,234	1,398	1,652
269		Plx2	5.2	4,386	1,552	5,938	1,145	64
269		Plx3	5.9	4,809	1,833	6,642	1,123	35
269		Plx4	10.9	11,657	3,552	15,209	1,392	14
271	Unilateral Hernia Procedures (MNRH)		1.7	1,781	665	2,446	1,466	516
271		Plx1	1.6	1,762	658	2,420	1,473	504
271		Plx2	6.3	4,644	1,704	6,349	1,002	21
271		Plx3	8.9	8,194	2,663	10,856	1,220	10
271		Plx4	13.2	14,573	4,901	19,474	1,473	9
279	Digestive System Malignancy		9.3	5,075	1,651	6,725	726	773
279		Plx1	7.0	3,807	1,198	5,005	715	458
279		Plx2	11.8	6,023	2,023	8,046	681	156
279		Plx3	10.8	6,116	1,971	8,087	748	85
279		Plx4	17.9	11,028	3,671	14,699	819	75
281	G.I. Hemorrhage		4.5	2,761	858	3,619	800	2,324
281		Plx1	3.9	2,286	716	3,002	776	1,855
281		Plx2	7.3	4,412	1,385	5,797	796	221
281		Plx3	9.0	5,768	1,776	7,544	840	156
281		Plx4	10.6	8,638	2,505	11,143	1,051	105

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
285	Complicated Ulcer		5.4	2,996	957	3,953	729	191
285		Plx1	5.0	2,744	872	3,616	730	157
285		Plx2	14.9	7,077	2,367	9,444	634	21
285		Plx3	6.7	3,649	1,211	4,860	729	15
285		Plx4	13.4	10,642	3,142	13,785	1,027	7
286	Uncomplicated Ulcer		4.4	2,505	783	3,288	744	205
286		Plx1	3.8	2,236	680	2,915	766	171
286		Plx2	5.4	3,139	998	4,138	765	17
286		Plx3	7.2	3,720	1,191	4,911	682	10
286		Plx4	16.0	11,926	4,433	16,359	1,022	1
289	Inflammatory Bowel Disease		5.3	2,597	831	3,429	646	886
289		Plx1	5.4	2,623	841	3,465	643	821
289		Plx2	7.5	3,654	1,213	4,866	648	35
289		Plx3	8.6	3,942	1,325	5,267	610	50
289		Plx4	25.7	14,622	4,731	19,353	754	12
290	G.I. Obstruction		4.3	2,205	744	2,949	690	1,821
290		Plx1	3.9	1,970	669	2,638	684	1,622
290		Plx2	6.8	3,697	1,268	4,965	735	104
290		Plx3	11.4	5,917	2,013	7,930	697	56
290		Plx4	14.2	9,250	2,964	12,214	862	35
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3.7	2,000	665	2,666	729	7,569
294		Plx1	3.2	1,754	589	2,342	732	6,614
294		Plx2	6.5	3,437	1,132	4,569	704	485
294		Plx3	7.9	4,493	1,464	5,957	752	296
294		Plx4	16.7	10,304	3,186	13,490	810	163
297	Other G.I. Diagnoses		4.3	2,581	837	3,418	787	1,959
297		Plx1	3.7	2,128	703	2,831	757	1,660
297		Plx2	8.5	5,127	1,627	6,754	791	127
297		Plx3	8.3	5,242	1,678	6,920	833	113
297		Plx4	13.4	10,927	3,186	14,113	1,050	80

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
310	PWS - Liver Transplant		20.2	37,301	13,216	50,518	2,501	117
310		Pix1	10.9	20,812	8,504	29,316	2,694	17
310		Pix2	11.4	23,023	8,754	31,777	2,798	14
310		Pix3	15.9	25,867	10,331	36,199	2,279	17
310		Pix4	29.0	54,174	18,188	72,362	2,495	74
311	Major Pancreatic Procedures		16.4	16,136	5,546	21,682	1,318	338
311		Pix1	11.4	10,390	4,004	14,394	1,263	158
311		Pix2	14.8	13,805	4,724	18,528	1,253	66
311		Pix3	24.4	19,934	6,469	26,403	1,083	45
311		Pix4	34.6	38,021	12,122	50,143	1,449	80
312	Major Hepatobiliary Procedures		8.8	10,584	3,847	14,431	1,640	239
312		Pix1	7.8	9,328	3,545	12,873	1,661	157
312		Pix2	8.6	11,025	3,442	14,468	1,688	35
312		Pix3	13.4	13,117	5,321	18,438	1,377	28
312		Pix4	22.1	27,543	8,356	35,900	1,625	32
313	Common Duct Exploration		13.3	9,114	2,864	11,978	904	56
313		Pix1	9.4	7,050	2,167	9,217	986	34
313		Pix2	15.4	9,383	3,203	12,585	816	7
313		Pix3	14.7	8,791	3,031	11,822	806	6
313		Pix4	19.7	14,195	4,193	18,388	935	6
314	Other Hepatobiliary And Pancreatic Procedures		9.8	8,497	2,622	11,120	1,136	252
314		Pix1	7.7	6,290	1,995	8,285	1,072	155
314		Pix2	11.0	8,907	2,800	11,707	1,062	39
314		Pix3	13.2	10,221	3,201	13,422	1,019	24
314		Pix4	19.6	18,985	5,425	24,410	1,247	40
315	Cholecystectomy		7.4	6,128	2,209	8,337	1,125	496
315		Pix1	6.2	5,225	1,925	7,151	1,146	318
315		Pix2	8.1	6,283	2,313	8,596	1,065	94
315		Pix3	11.1	8,655	3,047	11,702	1,057	58
315		Pix4	18.7	16,243	4,888	21,131	1,132	30

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
317	Laparoscopic Cholecystectomy		2.8	2,678	978	3,656	1,317	2,223
317		Pix1	2.5	2,526	925	3,451	1,374	1,892
317		Pix2	5.5	4,154	1,482	5,636	1,017	363
317		Pix3	7.9	5,876	2,011	7,887	1,004	75
317		Pix4	13.7	10,571	3,463	14,034	1,025	36
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		9.3	9,296	2,982	12,278	1,327	116
320		Pix1	5.9	5,250	1,757	7,007	1,186	67
320		Pix2	10.9	9,318	2,823	12,141	1,113	11
320		Pix3	13.6	13,025	4,285	17,310	1,270	16
320		Pix4	19.6	24,405	6,784	31,189	1,590	21
323	Cirrhosis And Alcoholic Hepatitis		8.6	5,372	1,657	7,030	817	512
323		Pix1	5.4	2,981	891	3,872	720	160
323		Pix2	7.8	4,036	1,314	5,350	689	152
323		Pix3	11.3	5,940	1,888	7,828	695	95
323		Pix4	15.1	12,705	3,715	16,420	1,087	110
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		10.3	5,593	1,789	7,382	718	739
324		Pix1	8.8	4,511	1,460	5,971	681	365
324		Pix2	9.7	5,148	1,649	6,796	704	175
324		Pix3	12.1	7,223	2,245	9,468	779	109
324		Pix4	15.2	9,085	2,795	11,881	780	88
325	Pancreas Diseases Except Malignancy		5.2	2,674	871	3,545	681	1,691
325		Pix1	4.7	2,304	759	3,063	647	1,382
325		Pix2	7.2	3,817	1,222	5,039	705	191
325		Pix3	11.5	6,509	2,147	8,656	751	101
325		Pix4	15.5	14,918	4,347	19,266	1,243	83
326	Liver Diseases Except Cirrhosis Or Cancer		7.6	5,389	1,698	7,087	928	758
326		Pix1	5.2	2,937	957	3,894	755	392
326		Pix2	8.4	4,595	1,590	6,185	740	155
326		Pix3	12.0	7,165	2,298	9,463	792	89
326		Pix4	14.7	16,839	4,790	21,629	1,470	132

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
329	Biliary Tract Diseases		4.2	2,423	779	3,202	760	1,002
329		Plx1	3.5	1,909	629	2,538	732	724
329		Plx2	7.2	4,086	1,336	5,421	758	103
329		Plx3	5.7	3,537	1,075	4,613	804	151
329		Plx4	14.8	11,370	3,467	14,837	1,006	48
350	Multiple Or Bilateral Joint Replacement		9.3	12,267	2,859	15,126	1,630	96
350		Plx1	6.7	10,301	2,292	12,593	1,867	63
350		Plx2	9.8	14,007	2,727	16,734	1,713	13
350		Plx3	10.3	13,453	3,091	16,544	1,614	8
350		Plx4	64.8	47,374	13,087	60,461	934	8
351	Joint Replacement For Trauma		13.5	11,069	3,193	14,262	1,054	1,174
351		Plx1	10.2	8,534	2,430	10,965	1,078	728
351		Plx2	18.6	13,225	3,959	17,184	923	198
351		Plx3	20.4	15,748	4,559	20,307	995	115
351		Plx4	28.5	22,817	6,661	29,478	1,033	149
352	Hip Replacement		6.4	8,231	1,860	10,091	1,583	2,969
352		Plx1	6.0	7,968	1,771	9,739	1,626	2,565
352		Plx2	9.0	9,949	2,425	12,374	1,370	227
352		Plx3	9.5	10,740	2,736	13,476	1,419	114
352		Plx4	12.8	13,348	3,396	16,744	1,308	59
354	Knee Replacement		5.8	6,943	1,687	8,630	1,487	3,245
354		Plx1	5.7	6,851	1,658	8,508	1,497	2,976
354		Plx2	7.8	8,396	2,096	10,492	1,349	188
354		Plx3	9.2	9,351	2,360	11,710	1,271	104
354		Plx4	12.7	11,699	3,268	14,967	1,182	51
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		8.8	7,259	2,471	9,730	1,109	122
355		Plx1	5.5	4,348	1,511	5,859	1,057	79
355		Plx2	16.2	10,696	3,793	14,489	895	22
355		Plx3	14.8	11,639	3,559	15,198	1,025	12
355		Plx4	39.3	37,218	11,930	49,148	1,252	19

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
356	Repair Hip And Femur Procedures		6.9	6,973	2,115	9,087	1,321	319
356		Ptx1	5.3	5,837	1,759	7,596	1,446	260
356		Ptx2	14.9	11,840	3,803	15,643	1,050	28
356		Ptx3	15.1	13,397	3,964	17,360	1,153	19
356		Ptx4	20.6	15,721	4,772	20,493	993	14
358	Lower Extremity Procedures With Infection		8.4	6,311	2,088	8,399	1,002	170
358		Ptx1	7.1	5,492	1,818	7,310	1,029	137
358		Ptx2	11.2	8,080	2,589	10,669	949	21
358		Ptx3	33.0	24,326	7,340	31,666	960	7
358		Ptx4	24.3	17,379	5,990	23,369	962	10
359	Upper Extremity Procedures With Infection		8.1	5,843	2,082	7,925	979	71
359		Ptx1	7.0	5,148	1,801	6,949	988	64
359		Ptx2	16.0	12,615	4,783	17,398	1,087	4
359		Ptx3	68.5	48,542	16,841	65,383	955	2
359		Ptx4	26.7	18,428	6,310	24,739	928	3
360	Upper Extremity Amputations And Revisions		9.8	8,801	2,968	11,770	1,207	98
360		Ptx1	7.6	6,322	2,233	8,555	1,123	68
360		Ptx2	17.7	10,153	3,640	13,794	781	12
360		Ptx3	9.6	10,121	3,389	13,510	1,404	8
360		Ptx4	26.2	25,484	7,862	33,346	1,272	14
361	Musculoskeletal Biopsy For Malignancy		14.7	12,304	3,720	16,024	1,093	67
361		Ptx1	10.1	9,607	2,867	12,474	1,237	48
361		Ptx2	21.0	13,826	4,026	17,852	850	9
361		Ptx3	40.3	25,812	9,305	35,117	872	4
361		Ptx4	25.7	24,878	7,419	32,297	1,258	6
362	Musculoskeletal Biopsy Without Malignancy		12.7	8,656	2,604	11,260	887	131
362		Ptx1	7.5	5,197	1,560	6,757	903	87
362		Ptx2	19.9	10,086	3,410	13,496	680	14
362		Ptx3	22.3	13,944	4,008	17,952	804	15
362		Ptx4	38.3	35,603	10,621	46,224	1,206	16

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
363	Back And Neck Procedures With Fusion		5.0	8,049	2,015	10,064	2,016	1,686
363		Pix1	4.6	7,473	1,886	9,360	2,041	1,470
363		Pix2	8.4	11,472	2,869	14,341	1,700	156
363		Pix3	12.3	17,507	4,100	21,608	1,751	70
363		Pix4	23.2	36,456	8,532	44,989	1,943	50
365	Back And Neck Procedures Without Fusion		2.7	3,649	1,157	4,806	1,765	1,729
365		Pix1	2.4	3,406	1,100	4,506	1,852	1,604
365		Pix2	6.2	7,189	2,024	9,213	1,489	70
365		Pix3	9.3	7,520	2,410	9,930	1,069	14
365		Pix4	17.2	17,564	4,998	22,562	1,311	14
367	Shoulder Arthroplasty		3.4	5,931	1,499	7,430	2,190	201
367		Pix1	3.1	5,842	1,426	7,269	2,319	186
367		Pix2	4.9	6,708	2,143	8,851	1,822	7
367		Pix3	5.5	5,084	2,206	7,290	1,325	2
367		Pix4	9.0	9,539	2,753	12,292	1,366	2
368	Major Hip And Knee Procedures		4.2	4,209	1,365	5,574	1,326	44
368		Pix1	4.2	4,147	1,318	5,465	1,312	42
368		Pix2	5.0	5,521	2,341	7,862	1,572	2
368		Pix3	38.0	22,261	6,852	29,113	766	2
368		Pix4						
369	Major Lower Extremity Procedures		3.1	4,306	1,351	5,657	1,816	576
369		Pix1	3.2	4,275	1,339	5,614	1,777	565
369		Pix2	6.3	8,022	2,389	10,410	1,666	20
369		Pix3	6.6	8,018	2,915	10,933	1,664	7
369		Pix4	44.0	29,693	14,103	43,796	995	1
372	Major Upper Extremity Procedures		2.2	3,695	1,092	4,787	2,224	296
372		Pix1	1.8	3,301	976	4,277	2,410	266
372		Pix2	9.8	8,927	2,654	11,581	1,188	4
372		Pix3	2.5	6,605	1,573	8,178	3,271	2
372		Pix4	56.0	31,542	15,285	46,826	836	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
374	**Minor Lower Extremity Procedures**		**1.8**	**2,568**	**876**	**3,444**	**1,903**	**1,039**
374		Plx1	1.8	2,559	874	3,432	1,906	1,030
374		**Plx2**	**4.3**	**4,561**	**1,440**	**6,001**	**1,385**	**12**
374		Plx3	6.2	5,271	2,031	7,302	1,178	5
374		**Plx4**	**14.0**	**14,436**	**4,992**	**19,428**	**1,388**	**1**
375	Minor Upper Extremity Procedures		1.0	1,849	692	2,542	2,542	927
375		**Plx1**	**1.0**	**1,849**	**692**	**2,541**	**2,541**	**926**
375		Plx2	4.4	4,072	1,602	5,674	1,289	10
375		**Plx3**	**3.5**	**3,206**	**1,473**	**4,679**	**1,337**	**2**
375		Plx4	54.0	61,108	17,213	78,322	1,450	2
376	**Miscellaneous Musculoskeletal Procedures**		**3.2**	**5,462**	**1,789**	**7,251**	**2,298**	**303**
376		Plx1	2.9	5,121	1,684	6,805	2,325	288
376		**Plx2**	**9.6**	**14,540**	**4,633**	**19,173**	**1,997**	**10**
376		Plx3	8.4	15,880	3,750	19,630	2,337	5
376		**Plx4**	**24.6**	**44,403**	**14,513**	**58,916**	**2,391**	**11**
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		6.0	5,993	2,037	8,031	1,343	333
377		**Plx1**	**3.8**	**4,200**	**1,411**	**5,610**	**1,496**	**268**
377		Plx2	12.6	11,630	4,071	15,701	1,250	25
377		**Plx3**	**11.3**	**11,563**	**3,835**	**15,398**	**1,359**	**18**
377		Plx4	45.4	56,130	19,411	75,541	1,665	24
378	**Soft Tissue Procedures (MNRH)**		**4.3**	**4,586**	**1,495**	**6,081**	**1,405**	**131**
378		Plx1	3.3	3,713	1,214	4,927	1,491	108
378		**Plx2**	**7.7**	**5,995**	**1,872**	**7,867**	**1,020**	**7**
378		Plx3	8.7	8,359	2,703	11,062	1,271	10
378		**Plx4**	**14.9**	**13,818**	**4,644**	**18,462**	**1,243**	**7**
379	Other Musculoskeletal Procedures (MNRH)		2.1	3,048	976	4,025	1,929	998
379		**Plx1**	**1.7**	**2,408**	**813**	**3,221**	**1,896**	**894**
379		Plx2	6.1	10,991	2,921	13,912	2,286	23
379		**Plx3**	**11.8**	**14,760**	**4,090**	**18,850**	**1,597**	**15**
379		Plx4	19.8	25,951	6,784	32,735	1,654	19

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
380	Other Lower Extremity Procedures (MNRH)		1.0	1,120	461	1,581	1,581	470
380		Plx1	1.0	1,120	461	1,581	1,581	470
380		Plx2	4.3	4,752	1,726	6,477	1,524	4
380		Plx3	4.0	6,096	2,022	8,118	2,029	1
380		Plx4						
381	Hand And Wrist Procedures (MNRH)		1.0	1,849	662	2,511	2,511	136
381		Plx1	1.0	1,849	662	2,511	2,511	136
381		Plx2	4.0	4,866	1,611	6,477	1,619	3
381		Plx3	47.0	24,046	7,487	31,533	671	1
381		Plx4	13.0	15,084	4,703	19,787	1,522	1
382	Arthroscopy (MNRH)		1.4	1,821	701	2,523	1,835	16
382		Plx1	1.4	1,781	677	2,458	1,756	15
382		Plx2	6.0	5,740	1,673	7,413	1,236	2
382		Plx3	14.0	15,970	5,328	21,298	1,521	1
382		Plx4						
383	PWS - Joint Replacement For Malignancy		14.2	12,941	3,428	16,368	1,156	32
383		Plx1	11.2	10,293	2,862	13,154	1,171	21
383		Plx2	5.0	6,928	1,722	8,650	1,730	2
383		Plx3	32.4	22,514	5,848	28,363	875	5
383		Plx4	47.6	54,110	12,395	66,505	1,398	7
384	PWS - Back And Neck Procedures For Malignancy		13.1	16,936	4,126	21,062	1,609	43
384		Plx1	10.5	13,488	3,522	17,010	1,620	26
384		Plx2	8.8	16,225	3,253	19,478	2,213	5
384		Plx3	17.5	21,369	5,025	26,393	1,508	4
384		Plx4	27.4	31,454	7,497	38,950	1,423	8
385	PWS - Major Orthopaedic Oncology Procedures		10.7	14,045	4,145	18,189	1,705	33
385		Plx1	7.5	8,713	2,618	11,331	1,515	23
385		Plx2	16.2	9,992	3,377	13,369	825	5
385		Plx3	18.0	28,563	7,779	36,342	2,019	2
385		Plx4	30.8	48,499	14,409	62,909	2,046	4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
386	Other Orthopaedic Oncology Procedures		5.9	7,311	2,187	9,498	1,597	99
386		Plx1	5.2	5,840	1,934	7,774	1,497	83
386		Plx2	5.8	10,206	2,562	12,768	2,221	8
386		Plx3	18.4	21,503	5,956	27,459	1,492	5
386		Plx4	29.7	31,257	7,247	38,504	1,296	7
391	Secondary Neoplasms And Pathological Fractures		14.1	7,489	2,315	9,804	693	649
391		Plx1	12.3	5,965	1,873	7,838	637	390
391		Plx2	14.9	8,016	2,487	10,503	705	157
391		Plx3	18.4	9,848	3,147	12,996	705	43
391		Plx4	28.3	17,181	5,358	22,539	796	65
392	Osteomyelitis		9.8	6,269	2,041	8,310	851	122
392		Plx1	7.1	4,685	1,491	6,176	872	82
392		Plx2	15.5	9,199	2,881	12,080	782	11
392		Plx3	12.6	7,368	2,506	9,873	785	19
392		Plx4	49.5	25,896	9,637	35,533	718	14
393	Rheumatoid Arthritis		9.0	5,656	1,712	7,368	816	120
393		Plx1	6.1	3,284	990	4,274	704	69
393		Plx2	11.9	6,726	2,134	8,860	742	18
393		Plx3	10.3	7,775	2,200	9,975	968	13
393		Plx4	21.4	17,160	5,068	22,227	1,041	20
394	Septic Arthritis		6.5	3,920	1,268	5,188	798	76
394		Plx1	4.7	2,890	923	3,813	811	54
394		Plx2	12.0	7,247	2,389	9,636	803	7
394		Plx3	6.4	4,178	1,440	5,618	883	11
394		Plx4	39.0	20,678	6,934	27,611	708	3
397	Non-Inflammatory Arthritis		7.1	3,951	1,230	5,181	731	105
397		Plx1	6.3	3,536	1,078	4,614	727	86
397		Plx2	14.6	7,527	2,342	9,869	674	14
397		Plx3	14.5	7,013	2,432	9,445	651	8
397		Plx4	42.0	17,611	5,441	23,052	549	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
398	Other Inflammatory Arthritis		5.9	3,453	1,078	4,531	762	555
398		Plx1	4.9	2,741	853	3,594	737	389
398		Plx2	7.7	4,287	1,379	5,666	738	81
398		Plx3	14.1	7,552	2,562	10,114	718	65
398		Plx4	17.6	15,995	4,555	20,550	1,167	44
399	Orthopaedic Aftercare		6.6	3,337	1,157	4,495	682	393
399		Plx1	5.1	2,626	884	3,510	690	308
399		Plx2	15.1	6,376	2,346	8,722	579	44
399		Plx3	18.3	7,523	2,853	10,377	567	38
399		Plx4	18.9	11,118	3,912	15,029	796	18
401	Other Musculoskeletal Malignancies		6.2	5,021	1,428	6,450	1,036	58
401		Plx1	4.1	3,517	980	4,497	1,107	32
401		Plx2	8.5	6,289	1,906	8,196	964	16
401		Plx3	13.0	8,056	2,626	10,682	822	8
401		Plx4	13.3	10,720	2,631	13,351	1,001	3
402	Disc Disease		7.9	3,779	1,179	4,958	629	470
402		Plx1	6.7	3,159	980	4,139	616	397
402		Plx2	19.8	8,703	2,863	11,566	583	54
402		Plx3	21.4	12,199	3,699	15,898	742	21
402		Plx4	19.8	10,121	3,232	13,353	673	13
404	Other Musculoskeletal Infections		10.5	5,093	1,588	6,681	636	4
404		Plx1	10.5	5,093	1,588	6,681	636	4
404		Plx2						
404		Plx3						
404		Plx4						
407	Other Musculoskeletal Disorders		4.9	3,508	1,073	4,581	930	109
407		Plx1	3.8	2,595	811	3,406	900	83
407		Plx2	9.5	7,238	2,031	9,269	971	11
407		Plx3	8.9	6,519	2,018	8,536	958	11
407		Plx4	8.0	7,307	2,400	9,707	1,213	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
409	Back Pain (MNRH)		5.3	2,643	832	3,474	653	397
409		Plx1	4.4	2,191	681	2,872	648	333
409		Plx2	13.0	6,167	2,008	8,176	629	50
409		Plx3	12.3	7,597	2,417	10,014	816	15
409		Plx4	22.6	12,790	4,091	16,881	747	10
411	Signs, Symptoms And Deformities (MNRH)		5.0	2,673	813	3,486	697	285
411		Plx1	4.2	2,305	699	3,003	712	245
411		Plx2	12.7	6,106	1,895	8,001	628	23
411		Plx3	13.0	5,840	1,846	7,686	591	16
411		Plx4	36.7	19,706	6,327	26,032	710	3
413	Joint Derangements (MNRH)		4.6	2,786	902	3,688	808	110
413		Plx1	3.6	2,242	719	2,961	820	95
413		Plx2	7.5	3,431	1,132	4,564	608	6
413		Plx3	12.8	7,870	2,290	10,160	794	5
413		Plx4	17.0	7,861	2,305	10,165	598	2
414	Sprains Strains And Minor Injuries (MNRH)		4.1	2,189	670	2,859	705	90
414		Plx1	3.7	2,014	610	2,624	713	84
414		Plx2	13.5	6,512	1,856	8,368	620	4
414		Plx3	21.3	10,992	3,601	14,592	684	3
414		Plx4	14.0	5,740	1,690	7,429	531	1
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		1.4	2,576	972	3,547	2,602	1,142
425		Plx1	1.4	2,552	962	3,514	2,602	1,124
425		Plx2	7.1	10,019	3,230	13,249	1,864	47
425		Plx3	7.4	11,329	4,419	15,748	2,135	24
425		Plx4	14.6	19,923	5,913	25,836	1,767	24
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		25.4	16,214	5,805	22,019	867	109
427		Plx1	15.0	8,879	3,269	12,148	811	72
427		Plx2	49.9	28,382	10,297	38,679	775	9
427		Plx3	40.8	24,178	8,982	33,160	813	13
427		Plx4	60.2	43,547	14,475	58,022	964	16

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		1.3	2,899	919	3,819	2,891	377
428		Ptx1	1.3	2,858	909	3,767	2,910	367
428		Ptx2	2.7	5,530	1,754	7,284	2,731	9
428		Ptx3	2.0	2,820	996	3,816	1,908	1
428		Ptx4	4.0	5,956	1,153	7,109	1,777	1
429	Total Mastectomy For Breast Malignancy		1.6	2,455	852	3,307	2,059	1,238
429		Ptx1	1.6	2,442	844	3,286	2,060	1,220
429		Ptx2	6.0	5,295	2,044	7,339	1,231	25
429		Ptx3	4.8	4,684	1,740	6,424	1,345	9
429		Ptx4	16.0	17,398	4,088	21,486	1,343	1
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		1.4	2,276	741	3,017	2,228	1,206
432		Ptx1	1.3	2,270	737	3,007	2,234	1,191
432		Ptx2	2.3	3,060	1,081	4,141	1,812	14
432		Ptx3	13.5	10,006	2,895	12,901	956	2
432		Ptx4	5.0	5,461	1,497	6,958	1,392	2
434	Breast Biopsy And Local Excision Without Malignancy		1.0	1,700	622	2,322	2,322	87
434		Ptx1	1.0	1,700	622	2,322	2,322	87
434		Ptx2	3.0	3,960	1,127	5,087	1,696	2
434		Ptx3						
434		Ptx4	361.0	432,780	118,345	551,125	1,527	1
435	Perianal And Pilonidal Cyst Procedures		1.7	1,549	570	2,119	1,231	79
435		Ptx1	1.7	1,493	554	2,048	1,225	76
435		Ptx2	6.6	5,515	2,015	7,530	1,141	5
435		Ptx3	12.0	7,032	2,743	9,775	815	1
435		Ptx4	20.0	11,056	4,327	15,383	769	2
436	Plastic Surgery		1.7	2,625	1,007	3,633	2,196	55
436		Ptx1	1.7	2,625	1,007	3,633	2,196	55
436		Ptx2						
436		Ptx3	16.0	10,805	3,538	14,343	896	1
436		Ptx4	34.0	16,956	7,030	23,986	705	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		3.2	2,763	975	3,738	1,170	301
437		Plx1	2.8	2,548	908	3,455	1,216	278
437		Plx2	8.0	4,815	1,550	6,364	796	10
437		Plx3	8.8	6,294	2,203	8,497	968	9
437		Plx4	25.2	19,889	5,994	25,883	1,026	9
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		7.6	5,849	1,989	7,839	1,028	222
438		Plx1	4.0	3,674	1,219	4,893	1,231	156
438		Plx2	9.4	5,675	1,860	7,535	799	21
438		Plx3	22.0	13,271	4,595	17,867	811	25
438		Plx4	46.8	37,145	12,037	49,182	1,051	30
439	Skin Ulcer		17.6	9,156	3,204	12,360	703	106
439		Plx1	14.7	7,325	2,646	9,971	679	56
439		Plx2	25.0	11,523	4,465	15,988	640	12
439		Plx3	13.3	6,834	2,477	9,311	703	20
439		Plx4	35.3	19,800	6,600	26,399	748	21
440	Major Skin Disorders		5.9	3,983	1,227	5,210	887	109
440		Plx1	5.1	3,352	1,072	4,425	862	84
440		Plx2	10.5	5,268	1,830	7,098	674	19
440		Plx3	10.1	5,985	1,914	7,899	779	7
440		Plx4	29.0	22,684	6,679	29,363	1,013	4
443	Malignant Breast Disorders		9.4	5,267	1,694	6,960	741	92
443		Plx1	5.4	3,246	1,015	4,262	787	43
443		Plx2	11.3	5,786	1,992	7,778	685	23
443		Plx3	15.5	8,680	2,818	11,497	743	15
443		Plx4	12.5	7,423	2,191	9,614	766	11
446	Non-Malignant Breast Disorders		1.8	1,510	469	1,979	1,095	26
446		Plx1	1.8	1,510	469	1,979	1,095	26
446		Plx2						
446		Plx3						
446		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
447	**Cellulitis**		**6.1**	**3,048**	**1,029**	**4,077**	**671**	**1,194**
447		Plx1	5.2	2,567	870	3,437	664	895
447		Plx2	9.1	4,122	1,466	5,589	616	161
447		Plx3	9.4	4,763	1,605	6,368	679	100
447		Plx4	22.8	11,748	3,974	15,721	689	80
452	**Trauma Of Skin, Subcutaneous Tissue And Breast**		**2.9**	**1,923**	**561**	**2,483**	**847**	**159**
452		Plx1	2.2	1,615	460	2,076	930	134
452		Plx2	10.3	4,228	1,382	5,610	544	13
452		Plx3	11.4	5,036	1,563	6,600	579	10
452		Plx4	14.0	11,179	2,569	13,748	982	1
454	**Minor Skin Disorders**		**3.5**	**2,027**	**676**	**2,702**	**768**	**253**
454		Plx1	3.1	1,844	612	2,456	782	219
454		Plx2	7.2	3,238	1,193	4,431	618	23
454		Plx3	17.6	8,662	3,133	11,795	670	10
454		Plx4	21.5	11,401	4,133	15,534	721	11
476	**PWS - Adrenal And Pituitary Procedures**		**4.4**	**7,167**	**2,044**	**9,211**	**2,108**	**208**
476		Plx1	3.8	6,492	1,910	8,401	2,213	181
476		Plx2	9.1	13,888	3,666	17,554	1,925	17
476		Plx3	12.4	17,920	4,660	22,580	1,821	10
476		Plx4	16.0	30,497	6,719	37,216	2,326	5
477	**Parathyroid Procedures**		**2.0**	**3,089**	**1,086**	**4,175**	**2,076**	**265**
477		Plx1	1.6	2,768	990	3,757	2,328	233
477		Plx2	7.6	9,338	2,419	11,757	1,547	10
477		Plx3	2.9	3,718	1,073	4,791	1,677	7
477		Plx4	25.0	21,589	6,742	28,331	1,133	5
478	**Obesity Procedures**		**4.0**	**3,870**	**1,466**	**5,336**	**1,328**	**159**
478		Plx1	3.9	3,760	1,432	5,192	1,329	148
478		Plx2	5.6	4,907	1,924	6,831	1,230	9
478		Plx3	7.8	8,086	2,635	10,721	1,383	4
478		Plx4	21.0	29,026	10,065	39,091	1,861	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
479	Thyroid Procedures		1.5	2,623	1,018	3,641	2,419	1,379
479		Ptx1	1.5	2,587	1,005	3,592	2,435	1,349
479		Ptx2	4.2	5,454	1,853	7,307	1,731	18
479		Ptx3	4.1	5,291	1,985	7,276	1,779	22
479		Ptx4	12.3	13,698	3,570	17,268	1,400	6
480	Thyroglossal Procedures		1.4	2,063	841	2,904	2,112	16
480		Ptx1	1.4	2,063	841	2,904	2,112	16
480		Ptx2						
480		Ptx3						
480		Ptx4						
482	Other Endocrine, Nutrition And Metabolic Procedures		9.5	26,555	5,319	31,874	3,340	188
482		Ptx1	5.8	27,332	4,723	32,055	5,489	106
482		Ptx2	5.9	32,508	5,379	37,887	6,434	27
482		Ptx3	14.6	19,871	5,656	25,527	1,750	17
482		Ptx4	30.8	38,164	10,838	49,003	1,593	46
483	Diabetes		4.9	2,705	903	3,608	742	1,812
483		Ptx1	4.0	2,141	723	2,864	724	1,354
483		Ptx2	8.0	3,851	1,324	5,176	651	183
483		Ptx3	7.2	4,201	1,403	5,604	779	198
483		Ptx4	17.3	11,798	3,718	15,516	896	124
485	Nutritional And Miscellaneous Metabolic Disorders		5.5	3,223	1,034	4,257	768	1,861
485		Ptx1	4.3	2,394	775	3,169	744	1,202
485		Ptx2	7.5	4,333	1,401	5,734	767	361
485		Ptx3	9.4	5,556	1,789	7,345	781	200
485		Ptx4	16.4	10,444	3,293	13,738	840	124
487	Cystic Fibrosis		11.6	10,216	2,944	13,161	1,138	211
487		Ptx1	11.0	9,296	2,734	12,031	1,090	131
487		Ptx2	11.0	9,309	2,962	12,272	1,119	34
487		Ptx3	12.3	9,439	2,410	11,850	963	30
487		Ptx4	16.9	21,270	5,561	26,831	1,589	17

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
488	Inborn Errors Of Metabolism		5.6	9,717	1,371	11,088	1,997	78
488		Plx1	4.7	8,230	1,125	9,355	1,978	63
488		Plx2	6.2	4,467	1,195	5,662	913	5
488		Plx3	10.0	33,560	2,390	35,950	3,595	4
488		Plx4	8.6	14,800	3,602	18,402	2,140	5
489	Endocrine Disorders		5.8	3,668	1,120	4,788	831	351
489		Plx1	4.4	2,809	841	3,650	827	276
489		Plx2	12.6	6,914	2,136	9,050	716	42
489		Plx3	12.5	7,126	2,337	9,463	760	22
489		Plx4	20.3	14,776	4,441	19,217	946	16
500	PWS - Kidney Transplant		9.3	14,306	4,719	19,024	2,053	236
500		Plx1	7.9	11,636	3,996	15,632	1,978	122
500		Plx2	9.5	13,058	4,485	17,543	1,842	21
500		Plx3	10.4	17,101	5,450	22,551	2,179	60
500		Plx4	18.6	27,194	8,458	35,652	1,919	45
501	Urinary Diversion And Augmentation		10.8	9,660	3,636	13,296	1,234	226
501		Plx1	9.3	8,212	3,088	11,299	1,211	147
501		Plx2	11.1	9,610	3,952	13,562	1,225	27
501		Plx3	15.9	13,802	5,017	18,819	1,184	28
501		Plx4	23.1	21,271	7,546	28,817	1,248	33
502	Radical Prostatectomy		4.1	4,325	1,726	6,051	1,487	1,242
502		Plx1	4.0	4,245	1,688	5,933	1,488	1,139
502		Plx2	4.9	5,112	2,139	7,251	1,495	81
502		Plx3	6.4	5,808	2,368	8,176	1,285	22
502		Plx4	12.6	11,021	3,489	14,510	1,156	9
503	Dialysis Procedures		5.6	5,247	1,810	7,057	1,264	332
503		Plx1	1.1	1,519	696	2,216	1,967	198
503		Plx2	6.1	5,122	1,711	6,833	1,118	54
503		Plx3	17.9	14,795	4,564	19,359	1,083	24
503		Plx4	62.5	61,064	19,175	80,239	1,283	42

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
504	Major Urinary Tract Procedures		5.0	5,496	1,973	7,469	1,498	1,120
504		Pix1	4.6	5,162	1,849	7,012	1,529	971
504		Pix2	6.9	7,150	2,616	9,766	1,419	86
504		Pix3	9.7	9,130	3,242	12,372	1,270	39
504		Pix4	17.0	18,582	6,132	24,714	1,456	43
505	Reconstructive Urological Procedures		3.6	3,106	1,344	4,450	1,235	93
505		Pix1	3.5	3,038	1,297	4,335	1,249	85
505		Pix2	7.3	6,217	3,042	9,259	1,271	7
505		Pix3	3.5	2,593	1,077	3,670	1,049	2
505		Pix4						
506	Open Prostatectomy		4.2	3,575	1,571	5,147	1,217	35
506		Pix1	3.6	3,104	1,361	4,465	1,233	29
506		Pix2	5.0	3,581	1,792	5,373	1,075	3
506		Pix3	11.0	8,163	2,783	10,946	995	1
506		Pix4	8.0	9,071	4,056	13,127	1,641	1
507	Vascular And Other Urinary Procedures		9.8	9,497	2,948	12,444	1,273	45
507		Pix1	3.6	4,348	1,358	5,706	1,574	24
507		Pix2	12.0	12,767	4,363	17,130	1,428	4
507		Pix3	12.4	9,280	2,650	11,930	962	5
507		Pix4	46.4	41,879	12,344	54,223	1,169	13
508	Minor Upper Urinary Tract Procedures		4.0	4,538	1,472	6,011	1,499	512
508		Pix1	3.4	4,076	1,337	5,413	1,612	444
508		Pix2	8.2	6,998	2,296	9,294	1,134	36
508		Pix3	10.9	9,302	2,762	12,064	1,106	34
508		Pix4	27.0	20,437	6,264	26,701	989	17
509	Minor Lower Urinary Tract Procedures		2.6	3,305	1,062	4,367	1,685	152
509		Pix1	2.3	3,070	991	4,061	1,768	138
509		Pix2	6.4	6,441	1,938	8,379	1,303	7
509		Pix3	3.0	4,791	1,388	6,179	2,060	2
509		Pix4	11.3	9,701	3,057	12,758	1,126	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
510	**Transurethral Prostatectomy**		**2.1**	**2,028**	**761**	**2,789**	**1,349**	**1,633**
510		Plx1	2.0	1,978	743	2,721	1,360	1,573
510		**Plx2**	**5.5**	**4,086**	**1,504**	**5,590**	**1,023**	**56**
510		Plx3	11.7	6,747	2,240	8,987	766	22
510		**Plx4**	**9.3**	**5,960**	**1,983**	**7,943**	**853**	**13**
512	Other Transurethral Or Biopsy Procedures (MNRH)		1.5	1,531	495	2,027	1,317	2,147
512		**Plx1**	**1.5**	**1,518**	**491**	**2,008**	**1,317**	**2,115**
512		Plx2	5.2	3,872	1,275	5,147	981	45
512		**Plx3**	**9.6**	**5,542**	**1,869**	**7,410**	**772**	**20**
512		Plx4	25.2	18,193	5,590	23,783	943	13
514	**Miscellaneous Urinary Tract Procedures (MNRH)**		**1.0**	**1,083**	**417**	**1,501**	**1,501**	**21**
514		Plx1	1.0	1,077	409	1,486	1,486	20
514		**Plx2**	**1.0**	**1,210**	**576**	**1,786**	**1,786**	**1**
514		Plx3						
514		**Plx4**						
520	Renal Failure With Dialysis		14.9	12,308	3,795	16,104	1,079	288
520		**Plx1**	**11.3**	**8,567**	**2,651**	**11,218**	**993**	**100**
520		Plx2	13.3	10,057	3,076	13,133	989	64
520		**Plx3**	**15.4**	**12,179**	**3,698**	**15,877**	**1,028**	**50**
520		Plx4	22.7	23,619	7,055	30,674	1,351	76
521	**Renal Failure Without Dialysis**		**8.4**	**4,858**	**1,570**	**6,428**	**762**	**1,065**
521		Plx1	6.3	3,374	1,100	4,475	715	564
521		**Plx2**	**9.1**	**5,073**	**1,660**	**6,733**	**742**	**216**
521		Plx3	12.2	6,920	2,191	9,111	745	173
521		**Plx4**	**15.8**	**10,284**	**3,270**	**13,554**	**857**	**125**
522	Urinary Neoplasm		10.7	5,849	1,941	7,789	725	321
522		**Plx1**	**6.7**	**3,634**	**1,247**	**4,880**	**725**	**157**
522		Plx2	12.5	6,209	2,098	8,307	664	77
522		**Plx3**	**13.3**	**7,470**	**2,425**	**9,894**	**745**	**45**
522		Plx4	24.5	14,166	4,503	18,669	763	46

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
524	Nephrotic Syndrome		4.7	3,554	1,009	4,563	976	86
524		Plx1	3.9	3,073	883	3,957	1,026	63
524		Plx2	8.4	4,727	1,459	6,185	736	10
524		Plx3	6.4	3,269	1,015	4,284	673	11
524		Plx4	18.4	16,369	4,545	20,914	1,135	7
525	Nephropathy Without Nephrotic Syndrome		5.9	4,296	1,200	5,496	934	77
525		Plx1	3.7	2,993	868	3,861	1,031	39
525		Plx2	6.2	4,272	1,129	5,401	871	10
525		Plx3	7.6	5,300	1,450	6,750	884	22
525		Plx4	25.8	22,012	6,856	28,868	1,117	6
526	Miscellaneous Nephrological Diagnosis		4.8	3,698	1,062	4,760	985	30
526		Plx1	3.4	2,780	776	3,556	1,052	21
526		Plx2	11.7	7,686	2,439	10,125	868	6
526		Plx3	6.8	3,874	1,116	4,990	739	4
526		Plx4	40.0	54,751	16,104	70,854	1,771	1
527	Upper Urinary Tract Infection		4.1	2,430	777	3,207	791	843
527		Plx1	3.9	2,308	745	3,053	788	742
527		Plx2	7.2	3,933	1,292	5,225	728	52
527		Plx3	6.5	3,618	1,101	4,719	731	53
527		Plx4	9.0	8,343	2,291	10,634	1,182	17
529	Lower Urinary Tract Infection		6.0	3,346	1,108	4,454	743	1,552
529		Plx1	4.7	2,542	852	3,393	718	1,087
529		Plx2	9.0	4,729	1,584	6,313	698	195
529		Plx3	8.7	4,892	1,665	6,557	750	163
529		Plx4	14.5	9,408	2,910	12,318	852	115
532	Urinary Retention And Other Functional Disorders Of Bladder		3.4	2,066	641	2,707	798	143
532		Plx1	3.1	1,881	597	2,477	806	125
532		Plx2	6.8	4,501	1,166	5,668	834	10
532		Plx3	6.7	3,335	1,119	4,455	663	7
532		Plx4	9.7	4,592	1,597	6,190	640	3

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
534	Miscellaneous Urological Diagnoses (MNRH)		3.7	2,283	740	3,023	825	280
534		Plx1	3.0	1,881	618	2,499	833	237
534		Plx2	7.3	4,530	1,417	5,948	815	20
534		Plx3	8.4	5,656	1,864	7,521	895	15
534		Plx4	21.7	16,483	4,996	21,479	991	12
535	Hematuria (MNRH)		3.7	1,982	681	2,663	729	244
535		Plx1	3.2	1,678	573	2,252	711	214
535		Plx2	5.9	3,658	1,267	4,924	831	13
535		Plx3	6.3	4,133	1,184	5,317	844	10
535		Plx4	11.6	6,944	2,446	9,389	809	5
536	Urinary Obstruction (MNRH)		2.0	1,391	454	1,845	944	1,439
536		Plx1	1.9	1,360	443	1,804	946	1,378
536		Plx2	4.6	2,737	891	3,628	784	35
536		Plx3	5.1	3,219	1,084	4,303	838	37
536		Plx4	16.9	9,798	3,377	13,175	778	16
538	Admission For Dialysis (MNRH)		3.3	3,654	1,136	4,790	1,437	3
538		Plx1	1.0	1,272	621	1,893	1,893	1
538		Plx2	7.0	6,347	2,047	8,393	1,199	1
538		Plx3	2.0	3,343	739	4,082	2,041	1
538		Plx4						
550	Major Pelvic And Retroperitoneum Procedures		10.5	20,010	6,100	26,111	2,487	2
550		Plx1	6.0	9,109	2,443	11,552	1,925	1
550		Plx2						
550		Plx3						
550		Plx4	15.0	30,911	9,758	40,669	2,711	1
551	Penis Procedures		1.5	2,624	879	3,503	2,272	144
551		Plx1	1.5	2,571	856	3,427	2,237	141
551		Plx2	5.7	4,689	1,739	6,428	1,134	3
551		Plx3						
551		Plx4	46.2	54,871	17,096	71,967	1,558	5

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
552	Testes Procedures		1.4	1,775	574	2,350	1,664	187
552		Plx1	1.4	1,771	571	2,342	1,657	184
552		Plx2	14.6	8,317	2,624	10,942	751	7
552		Plx3	16.0	15,163	5,409	20,571	1,286	2
552		Plx4	25.5	41,978	13,945	55,924	2,193	2
554	Miscellaneous Male Reproductive System Procedures (MNRH)		1.0	1,258	482	1,740	1,740	138
554		Plx1	1.0	1,258	482	1,740	1,740	138
554		Plx2	10.0	7,177	2,603	9,780	978	2
554		Plx3	2.0	2,559	758	3,316	1,658	1
554		Plx4	52.0	81,595	22,970	104,565	2,011	1
555	Circumcision (MNRH)		1.0	1,286	420	1,706	1,706	12
555		Plx1	1.0	1,286	420	1,706	1,706	12
555		Plx2	3.0	3,308	1,043	4,351	1,450	1
555		Plx3						
555		Plx4						
560	Malignancy Of Male Reproductive Organ		10.0	10,255	2,038	12,293	1,229	4
560		Plx1	4.0	10,129	974	11,103	2,776	1
560		Plx2	6.0	6,514	1,575	8,089	1,348	1
560		Plx3	13.0	6,262	1,922	8,184	630	1
560		Plx4	17.0	18,113	3,683	21,796	1,282	1
561	Male Reproductive System Inflammation		3.4	1,804	592	2,396	706	84
561		Plx1	3.3	1,715	572	2,287	695	79
561		Plx2	5.0	3,018	870	3,888	778	3
561		Plx3	3.0	1,674	576	2,250	750	1
561		Plx4	7.0	5,316	1,367	6,683	955	1
562	Other Male Reproductive System Diagnoses		3.0	1,784	615	2,399	789	24
562		Plx1	2.7	1,293	465	1,759	648	21
562		Plx2	4.5	2,070	717	2,787	619	2
562		Plx3						
562		Plx4	14.0	10,909	3,470	14,379	1,027	2

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
563	**Miscellaneous Male Reproductive System Diagnoses (MNRH)**		**2.6**	**1,573**	**502**	**2,075**	**785**	**14**
563		Ptx1	2.8	1,594	505	2,098	758	13
563		**Ptx2**	**1.0**	**1,312**	**465**	**1,778**	**1,778**	**1**
563		Ptx3	69.0	32,914	11,944	44,858	650	1
563		**Ptx4**						
575	**PWS - Pelvic Exenteration**		**10.0**	**10,124**	**3,945**	**14,069**	**1,407**	**3**
575		**Ptx1**	**11.0**	**9,632**	**2,897**	**12,529**	**1,139**	**1**
575		Ptx2						
575		**Ptx3**	**9.5**	**10,370**	**4,469**	**14,839**	**1,562**	**2**
575		Ptx4						
576	**PWS - Radical Hysterectomy And Vulvectomy**		**5.4**	**5,055**	**1,973**	**7,027**	**1,294**	**186**
576		Ptx1	5.0	4,772	1,893	6,664	1,330	158
576		**Ptx2**	**7.9**	**6,857**	**2,451**	**9,308**	**1,174**	**14**
576		Ptx3	7.5	6,190	2,435	8,625	1,150	10
576		**Ptx4**	**23.2**	**16,485**	**5,216**	**21,701**	**937**	**6**
577	**Major Gynecological Procedures For Ovarian Or Adnexal Malignancy**		**6.1**	**5,611**	**1,969**	**7,580**	**1,249**	**341**
577		**Ptx1**	**5.4**	**5,036**	**1,789**	**6,825**	**1,265**	**262**
577		Ptx2	6.8	6,131	2,026	8,157	1,192	32
577		**Ptx3**	**10.2**	**8,202**	**2,799**	**11,001**	**1,076**	**31**
577		Ptx4	14.1	13,113	4,451	17,564	1,248	27
578	**Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal**		**4.2**	**3,779**	**1,445**	**5,223**	**1,252**	**595**
578		Ptx1	4.0	3,561	1,390	4,950	1,249	536
578		**Ptx2**	**5.7**	**5,689**	**1,859**	**7,548**	**1,320**	**32**
578		Ptx3	7.9	6,768	2,360	9,128	1,155	31
578		**Ptx4**	**17.2**	**16,698**	**5,332**	**22,030**	**1,283**	**18**
579	Major Uterine And Adnexal Procedures Without Malignancy		3.1	2,720	1,099	3,819	1,219	8,493
579		**Ptx1**	**3.1**	**2,665**	**1,078**	**3,743**	**1,219**	**8,199**
579		Ptx2	5.0	4,393	1,701	6,094	1,219	170
579		**Ptx3**	**5.9**	**4,850**	**1,891**	**6,741**	**1,149**	**129**
579		Ptx4	7.3	7,346	2,511	9,857	1,356	41

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
581	Reconstructive Gynecological Procedures		2.9	2,929	1,038	3,966	1,356	1,601
581		Plx1	2.8	2,860	1,008	3,868	1,365	1,539
581		Plx2	5.6	4,971	1,744	6,715	1,194	48
581		Plx3	8.0	6,150	2,360	8,510	1,069	27
581		Plx4	8.0	7,780	2,744	10,524	1,315	6
582	Other Gynecological Procedures		3.7	3,074	1,166	4,240	1,138	172
582		Plx1	3.3	2,734	1,053	3,787	1,159	153
582		Plx2	5.0	3,588	1,385	4,973	995	3
582		Plx3	5.1	5,301	1,792	7,093	1,379	7
582		Plx4	24.0	15,534	6,087	21,621	901	2
583	Radio-Implant For Malignancy		2.1	2,942	790	3,733	1,767	62
583		Plx1	2.1	2,942	790	3,733	1,767	62
583		Plx2						
583		Plx3						
583		Plx4						
584	Vagina, Cervix And Vulva Procedures		2.4	2,101	839	2,941	1,201	287
584		Plx1	2.4	2,088	835	2,922	1,200	283
584		Plx2	4.8	3,422	1,379	4,802	1,000	5
584		Plx3	14.0	6,469	2,914	9,384	670	1
584		Plx4						
585	Gynecological Laparoscopy (MNRH)		2.0	1,622	555	2,177	1,102	41
585		Plx1	1.9	1,596	542	2,138	1,125	40
585		Plx2	5.0	2,638	1,077	3,715	743	1
585		Plx3						
585		Plx4						
586	Tubal Interruption (MNRH)		1.7	1,534	605	2,139	1,234	15
586		Plx1	1.7	1,534	605	2,139	1,234	15
586		Plx2						
586		Plx3						
586		Plx4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
587	Miscellaneous Gynecological Procedures (MNRH)		1.3	1,026	355	1,381	1,075	468
587		Plx1	1.3	1,014	353	1,367	1,072	465
587		Plx2	2.7	2,765	697	3,462	1,298	3
587		Plx3	25.5	12,770	3,792	16,562	649	4
587		Plx4	30.0	15,757	5,861	21,618	721	2
592	Malignancy Of Female Reproductive Organ		9.1	4,915	1,657	6,572	724	139
592		Plx1	6.4	3,555	1,169	4,724	741	70
592		Plx2	9.2	4,865	1,711	6,575	714	39
592		Plx3	12.2	6,802	2,305	9,107	745	18
592		Plx4	21.2	12,876	4,097	16,972	801	11
594	Female Reproductive System Infection		3.1	1,674	570	2,244	726	157
594		Plx1	3.0	1,626	559	2,186	721	150
594		Plx2	8.3	4,958	1,402	6,360	771	8
594		Plx3	3.5	2,604	603	3,206	916	2
594		Plx4						
595	Other Female Reproductive System Diagnoses And Injuries		2.3	1,251	417	1,668	741	28
595		Plx1	1.7	1,035	352	1,386	809	21
595		Plx2	2.0	1,189	458	1,647	823	3
595		Plx3	4.0	2,027	734	2,761	690	1
595		Plx4						
596	Miscellaneous Gynecological Diagnoses (MNRH)		2.0	1,268	427	1,695	866	510
596		Plx1	1.7	1,142	382	1,525	912	462
596		Plx2	3.3	1,913	606	2,519	756	12
596		Plx3	6.5	2,411	876	3,287	506	6
596		Plx4	37.0	16,410	6,771	23,181	627	3
599	Premature Labour		3.4	1,884	586	2,470	731	729
599		Plx9	3.4	1,884	586	2,470	731	729
600	Major Procedures In Pregnancy Or Childbirth		4.7	4,602	1,501	6,103	1,294	251
600		Plx9	4.7	4,602	1,501	6,103	1,294	251
601	Repeat Caesarean Delivery With Complicating Diagnosis		3.2	2,649	856	3,505	1,099	1,535

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
601		Pix9	3.2	2,649	856	3,505	1,099	1,535
602	Caesarean Delivery With Complicating Diagnosis		3.8	3,268	1,036	4,304	1,123	3,926
602		Pix9	3.8	3,268	1,036	4,304	1,123	3,926
603	Repeat Caesarean Delivery		2.8	2,060	708	2,768	1,004	2,782
603		Pix9	2.8	2,060	708	2,768	1,004	2,782
604	Caesarean Delivery		3.2	2,730	899	3,629	1,129	4,257
604		Pix9	3.2	2,730	899	3,629	1,129	4,257
605	Fetal Surgery		10.0	8,351	2,103	10,454	1,045	3
605		Pix9	10.0	8,351	2,103	10,454	1,045	3
606	Vaginal Delivery With Sterilization Procedures		2.1	2,243	799	3,042	1,437	43
606		Pix9	2.1	2,243	799	3,042	1,437	43
607	Vaginal Delivery With Minor Procedures		2.1	2,098	668	2,765	1,315	251
607		Pix9	2.1	2,098	668	2,765	1,315	251
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		1.7	1,860	552	2,412	1,404	613
608		Pix9	1.7	1,860	552	2,412	1,404	613
609	Vaginal Delivery With Complicating Diagnosis		2.0	1,894	574	2,468	1,253	15,289
609		Pix9	2.0	1,894	574	2,468	1,253	15,289
610	Vaginal Delivery After Caesarean Delivery (VBAC)		1.5	1,581	481	2,062	1,407	896
610		Pix9	1.5	1,581	481	2,062	1,407	896
611	Vaginal Delivery		1.5	1,445	453	1,898	1,289	20,055
611		Pix9	1.5	1,445	453	1,898	1,289	20,055
612	Ectopic Pregnancy With Major Procedures		3.0	2,670	1,058	3,728	1,231	171
612		Pix9	3.0	2,670	1,058	3,728	1,231	171
613	Ectopic Pregnancy With Minor Procedures		1.5	1,736	611	2,347	1,564	515
613		Pix9	1.5	1,736	611	2,347	1,564	515
614	Ectopic Pregnancy		1.0	515	173	689	689	110
614		Pix9	1.0	515	173	689	689	110
615	Threatened Abortion		1.4	769	251	1,020	735	131
615		Pix9	1.4	769	251	1,020	735	131

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
616	Abortive Outcome With Injection		1.4	1,119	386	1,506	1,072	47
616		Ptx9	1.4	1,119	386	1,506	1,072	47
617	Abortive Outcome With D And C		1.0	711	232	943	943	1,886
617		Ptx9	1.0	711	232	943	943	1,886
618	Abortive Outcome		1.0	887	279	1,166	1,166	364
618		Ptx9	1.0	887	279	1,166	1,166	364
619	False Labour LOS < 3 Days (MNRH)		1.0	696	200	896	896	835
619		Ptx9	1.0	696	200	896	896	835
620	Post-Partum Diagnosis With Procedures Other Than D And C		4.0	2,697	940	3,637	917	28
620		Ptx9	4.0	2,697	940	3,637	917	28
621	Post-Partum Diagnosis With D And C		1.3	1,047	350	1,396	1,041	275
621		Ptx9	1.3	1,047	350	1,396	1,041	275
622	Post-Partum Diagnosis		2.4	1,370	465	1,835	770	880
622		Ptx9	2.4	1,370	465	1,835	770	880
623	Antepartum Diagnosis With Complicating Diagnosis		2.8	1,462	480	1,943	693	1,363
623		Ptx9	2.8	1,462	480	1,943	693	1,363
624	Antepartum Diagnosis		1.7	1,059	329	1,387	818	1,850
624		Ptx9	1.7	1,059	329	1,387	818	1,850
625	PWS - Neonates Weight < 750 Grams		3.0	7,423	1,593	9,016	3,013	136
625		Ptx9	3.0	7,423	1,593	9,016	3,013	136
626	PWS - Neonates Weight 750-999 Grams		40.2	64,475	14,055	78,530	1,956	225
626		Ptx9	40.2	64,475	14,055	78,530	1,956	225
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		32.9	48,954	10,851	59,805	1,817	12
627		Ptx9	32.9	48,954	10,851	59,805	1,817	12
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		26.0	30,207	7,098	37,305	1,436	699
628		Ptx9	26.0	30,207	7,098	37,305	1,436	699
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		19.2	28,034	7,099	35,133	1,828	9
630		Ptx9	19.2	28,034	7,099	35,133	1,828	9
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		16.9	19,509	4,482	23,992	1,419	408

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
631		Plx9	16.9	19,509	4,482	23,992	1,419	408
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		13.8	10,728	2,704	13,432	975	1,035
632		Plx9	13.8	10,728	2,704	13,432	975	1,035
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		9.8	15,962	3,373	19,335	1,983	8
636		Plx9	9.8	15,962	3,373	19,335	1,983	8
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		11.5	14,810	3,321	18,130	1,574	364
637		Plx9	11.5	14,810	3,321	18,130	1,574	364
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		9.5	9,152	2,226	11,378	1,199	489
638		Plx9	9.5	9,152	2,226	11,378	1,199	489
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		5.5	3,720	1,021	4,741	860	1,891
639		Plx9	5.5	3,720	1,021	4,741	860	1,891
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		1.7	723	314	1,037	606	431
640		Plx9	1.7	723	314	1,037	606	431
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		7.9	17,649	3,996	21,645	2,726	66
643		Plx9	7.9	17,649	3,996	21,645	2,726	66
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		5.3	8,290	1,905	10,195	1,909	1,263
644		Plx9	5.3	8,290	1,905	10,195	1,909	1,263
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		3.4	3,028	806	3,834	1,135	2,620
645		Plx9	3.4	3,028	806	3,834	1,135	2,620
646	Neonates Weight > 2500 gm With Caesarian Delivery		2.7	944	413	1,357	510	9,119
646		Plx9	2.7	944	413	1,357	510	9,119
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		2.1	1,385	440	1,825	856	3,898
647		Plx9	2.1	1,385	440	1,825	856	3,898
648	Neonates Weight > 2500 gm (Normal Newborn)		1.3	519	225	743	574	33,224
648		Plx9	1.3	519	225	743	574	33,224
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		41.2	69,306	18,260	87,566	2,125	238
650		Plx1	15.9	17,268	5,409	22,677	1,427	9
650		Plx2	23.4	32,214	9,099	41,313	1,768	11
650		Plx3	33.0	42,646	11,783	54,429	1,649	9
650		Plx4	43.9	75,029	19,667	94,696	2,156	209

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		9.7	17,142	4,993	22,134	2,290	3
651		Plx9	9.7	17,142	4,993	22,134	2,290	3
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		27.9	56,858	14,870	71,727	2,571	10
652		Plx9	27.9	56,858	14,870	71,727	2,571	10
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		23.8	34,245	9,378	43,623	1,829	33
653		Plx9	23.8	34,245	9,378	43,623	1,829	33
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		9.0	21,930	6,200	28,130	3,126	10
654		Plx9	9.0	21,930	6,200	28,130	3,126	10
655	PWS - Spinal Procedures With Femur Procedures For Trauma		19.7	28,896	8,783	37,680	1,910	11
655		Plx9	19.7	28,896	8,783	37,680	1,910	11
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		28.3	39,651	12,048	51,698	1,825	3
656		Plx9	28.3	39,651	12,048	51,698	1,825	3
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		14.4	22,421	5,912	28,333	1,961	49
657		Plx9	14.4	22,421	5,912	28,333	1,961	49
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		16.5	21,713	6,614	28,327	1,714	142
658		Plx9	16.5	21,713	6,614	28,327	1,714	142
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		26.0	41,186	11,151	52,336	2,016	26
659		Plx9	26.0	41,186	11,151	52,336	2,016	26
660	PWS - Intracranial Procedures For Trauma		7.6	14,119	3,511	17,630	2,328	285
660		Plx1	4.4	6,202	1,687	7,889	1,783	137
660		Plx2	6.8	12,337	2,942	15,280	2,254	45
660		Plx3	7.0	14,519	3,412	17,931	2,562	13
660		Plx4	14.1	30,356	7,519	37,875	2,677	81
661	PWS - Spinal Procedures For Trauma		11.1	16,042	3,924	19,966	1,795	238
661		Plx1	7.0	9,739	2,300	12,039	1,708	126
661		Plx2	12.1	15,831	4,134	19,966	1,652	56
661		Plx3	19.2	21,614	5,739	27,353	1,422	21
661		Plx4	25.5	41,421	9,774	51,194	2,010	36
662	Femur Or Pelvic Procedures For Trauma		9.7	7,760	2,429	10,189	1,045	2,334
662		Plx1	7.8	6,293	1,964	8,257	1,062	1,601

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
662		Ptx2	13.5	9,962	3,172	13,134	970	410
662		Ptx3	17.8	12,779	4,074	16,854	947	184
662		Ptx4	22.3	18,417	5,521	23,938	1,075	171
663	Thoraco-Abdominal Procedures For Trauma		7.3	8,783	2,525	11,308	1,556	329
663		Ptx1	6.0	6,170	1,955	8,125	1,353	186
663		Ptx2	8.1	9,375	2,636	12,011	1,483	62
663		Ptx3	10.3	12,459	3,472	15,931	1,549	39
663		Ptx4	17.4	29,054	7,617	36,671	2,104	61
664	Wound Debridement And Skin Graft For Trauma		9.3	9,703	3,292	12,995	1,397	485
664		Ptx1	7.3	6,963	2,463	9,426	1,285	379
664		Ptx2	16.1	15,292	5,220	20,512	1,274	47
664		Ptx3	20.0	20,694	7,073	27,767	1,388	36
664		Ptx4	24.9	32,479	9,763	42,242	1,695	42
665	PWS - Elevated Skull Fractures		4.5	6,615	1,981	8,596	1,924	32
665		Ptx1	4.3	6,592	1,981	8,572	1,990	26
665		Ptx2	4.2	5,323	1,687	7,010	1,669	5
665		Ptx3	10.0	13,685	3,454	17,138	1,714	1
665		Ptx4	18.0	31,412	7,822	39,234	2,180	1
666	Major Lower Extremity Procedures For Trauma		3.0	3,280	1,069	4,349	1,472	4,077
666		Ptx1	2.9	3,191	1,042	4,232	1,475	3,933
666		Ptx2	9.3	9,579	2,816	12,395	1,335	209
666		Ptx3	12.3	11,811	3,522	15,334	1,250	79
666		Ptx4	23.4	24,527	6,735	31,263	1,338	55
667	Minor Lower Extremity Procedures For Trauma		2.8	3,278	1,005	4,283	1,518	117
667		Ptx1	2.7	3,018	925	3,943	1,478	114
667		Ptx2	9.8	13,778	4,037	17,814	1,827	4
667		Ptx3						
667		Ptx4	15.5	22,331	4,928	27,259	1,759	2
668	Miscellaneous Musculoskeletal Procedures For Trauma		3.1	3,594	1,349	4,943	1,606	829
668		Ptx1	3.0	3,481	1,316	4,798	1,610	776

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
668		Plx2	5.7	6,631	2,278	8,909	1,566	58
668		Plx3	11.6	15,489	3,990	19,480	1,676	8
668		Plx4	15.0	28,216	7,211	35,428	2,362	8
669	Vascular Repair For Trauma		2.7	4,027	1,478	5,504	2,026	159
669		Plx1	2.4	3,454	1,366	4,821	1,976	141
669		Plx2	6.2	9,856	2,496	12,352	2,003	6
669		Plx3	9.0	11,752	3,158	14,910	1,657	9
669		Plx4	2.0	6,661	2,403	9,064	4,532	3
670	Upper Extremity Procedures For Trauma		1.7	2,174	759	2,933	1,734	3,285
670		Plx1	1.7	2,153	752	2,905	1,729	3,248
670		Plx2	6.5	6,798	2,120	8,918	1,367	97
670		Plx3	12.4	12,068	3,701	15,768	1,272	20
670		Plx4	25.7	25,697	7,299	32,995	1,283	18
674	PWS - Intracranial Injuries With Spinal Injuries		8.7	11,562	2,814	14,376	1,661	55
674		Plx9	8.7	11,562	2,814	14,376	1,661	55
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		8.4	9,995	2,407	12,403	1,474	17
675		Plx9	8.4	9,995	2,407	12,403	1,474	17
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		10.2	13,901	3,445	17,345	1,701	65
676		Plx9	10.2	13,901	3,445	17,345	1,701	65
677	Spinal Injuries With Fractures Of Femur		8.7	6,236	1,714	7,949	911	115
677		Plx9	8.7	6,236	1,714	7,949	911	115
678	Spinal Injuries With Thoraco-Abdominal Injuries		7.6	6,981	1,872	8,852	1,169	149
678		Plx9	7.6	6,981	1,872	8,852	1,169	149
679	Fractures Of Femur With Thoraco-Abdominal Injuries		9.5	7,000	1,916	8,916	943	57
679		Plx9	9.5	7,000	1,916	8,916	943	57
680	Femur Or Pelvic Fractures And Dislocations		9.7	4,939	1,573	6,512	673	696
680		Plx1	8.2	4,069	1,307	5,376	654	515
680		Plx2	15.2	7,876	2,508	10,384	683	106
680		Plx3	13.6	7,245	2,358	9,603	705	47
680		Plx4	19.6	12,468	3,766	16,234	828	31

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
681	Frostbite		12.6	7,271	2,294	9,565	756	34
681		Pix1	11.7	6,724	2,123	8,847	756	31
681		Pix2	28.5	16,546	5,300	21,846	767	2
681		Pix3	10.0	5,683	1,572	7,255	726	1
681		Pix4						
682	Spinal Injuries		5.6	3,712	1,014	4,727	848	698
682		Pix1	4.8	3,094	839	3,933	823	550
682		Pix2	7.2	4,428	1,282	5,711	791	105
682		Pix3	18.4	10,931	3,442	14,373	781	28
682		Pix4	28.8	20,337	5,587	25,925	900	31
683	Intracranial Injuries		4.3	4,372	1,091	5,463	1,266	585
683		Pix1	3.5	3,285	825	4,109	1,181	430
683		Pix2	7.9	5,555	1,613	7,168	909	35
683		Pix3	6.5	6,593	1,626	8,219	1,260	82
683		Pix4	14.6	16,233	4,174	20,407	1,400	57
684	Fracture Of Humerus		7.8	3,721	1,254	4,975	634	188
684		Pix1	5.3	2,510	870	3,380	632	151
684		Pix2	21.9	9,436	3,581	13,017	595	22
684		Pix3	15.7	8,528	2,581	11,108	708	10
684		Pix4	33.2	15,350	5,203	20,554	619	5
685	Hip And Thigh Injuries		6.7	3,295	1,026	4,321	647	66
685		Pix1	5.8	2,795	890	3,685	638	57
685		Pix2	13.4	5,825	1,744	7,569	564	7
685		Pix3	37.8	15,383	5,058	20,441	541	5
685		Pix4	16.5	11,646	3,022	14,669	889	2
686	Major Nerve Injuries		5.0	6,494	2,407	8,901	1,780	12
686		Pix1	4.8	7,076	2,690	9,766	2,035	10
686		Pix2	7.0	4,999	1,359	6,357	908	1
686		Pix3	15.0	7,709	1,982	9,692	646	2
686		Pix4						

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
687	Thoraco-Abdominal Injuries		5.1	3,935	1,119	5,054	1,000	1,042
687		Ptx1	4.5	3,309	944	4,253	955	861
687		Ptx2	7.2	5,258	1,519	6,776	946	93
687		Ptx3	10.5	8,010	2,307	10,317	984	52
687		Ptx4	13.0	14,739	3,953	18,692	1,438	52
688	Weight Bearing Injuries		3.3	2,092	663	2,755	838	585
688		Ptx1	2.4	1,673	527	2,200	909	513
688		Ptx2	12.4	5,998	2,018	8,015	647	42
688		Ptx3	29.4	14,271	4,691	18,962	644	21
688		Ptx4	28.9	16,381	5,407	21,787	754	11
689	Genito-Urinary Injuries		3.6	2,484	771	3,255	917	109
689		Ptx1	3.2	2,131	672	2,803	863	93
689		Ptx2	5.8	4,295	1,220	5,515	959	12
689		Ptx3	3.3	2,713	926	3,639	1,092	3
689		Ptx4	16.8	18,801	5,559	24,360	1,450	5
690	Crushing Injuries And Contusions		3.1	2,058	604	2,662	855	184
690		Ptx1	2.7	1,869	549	2,418	893	167
690		Ptx2	5.8	4,801	1,465	6,266	712	10
690		Ptx3	12.2	5,150	1,837	6,987	572	9
690		Ptx4	16.0	10,548	3,651	14,199	887	1
691	Minor Lower Extremity Fractures		2.3	1,669	567	2,235	991	47
691		Ptx1	2.1	1,568	540	2,108	1,008	44
691		Ptx2	4.5	2,740	725	3,465	770	2
691		Ptx3	5.0	3,965	1,431	5,395	1,079	1
691		Ptx4						
692	Wounds		2.0	1,898	657	2,555	1,291	1,050
692		Ptx1	1.6	1,682	591	2,273	1,384	949
692		Ptx2	6.4	4,802	1,466	6,268	978	27
692		Ptx3	4.8	3,392	1,134	4,526	940	16
692		Ptx4	8.6	7,859	2,403	10,263	1,200	9

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
693	Amputations Or Vascular And Other Nerve Injuries		1.6	2,048	721	2,769	1,739	162
693		Ptx1	1.6	2,025	720	2,746	1,742	158
693		Ptx2	3.8	4,756	1,160	5,917	1,578	4
693		Ptx3	4.3	5,590	1,591	7,180	1,657	3
693		Ptx4	17.5	25,250	5,888	31,139	1,779	2
694	Facial Injuries		2.2	2,010	719	2,730	1,259	370
694		Ptx1	2.1	1,968	711	2,678	1,266	359
694		Ptx2	6.0	5,149	1,348	6,496	1,083	12
694		Ptx3	3.0	2,106	645	2,751	917	3
694		Ptx4	9.0	7,950	3,307	11,257	1,251	1
695	Other Cranial Injuries		2.3	2,326	580	2,906	1,256	621
695		Ptx1	1.8	1,571	411	1,982	1,122	463
695		Ptx2	5.6	5,214	1,296	6,510	1,169	44
695		Ptx3	4.2	4,186	1,063	5,248	1,236	65
695		Ptx4	9.8	14,418	3,394	17,812	1,817	46
696	Upper Extremity Fractures		1.6	1,426	466	1,892	1,176	527
696		Ptx1	1.6	1,407	462	1,870	1,188	513
696		Ptx2	10.0	5,534	1,723	7,257	724	34
696		Ptx3	14.0	6,962	2,149	9,111	651	16
696		Ptx4	29.1	15,353	4,660	20,012	688	10
700	PWS - Bone Marrow Transplant		28.7	41,147	11,225	52,372	1,822	306
700		Ptx1	18.5	24,682	7,034	31,715	1,717	30
700		Ptx2	21.7	30,027	8,290	38,317	1,766	23
700		Ptx3	27.7	37,562	10,067	47,629	1,721	37
700		Ptx4	31.3	45,559	12,443	58,001	1,853	217
701	Splenectomy		4.8	6,150	2,034	8,184	1,707	140
701		Ptx1	4.2	5,563	1,800	7,363	1,757	115
701		Ptx2	5.4	6,165	2,272	8,436	1,557	12
701		Ptx3	5.9	7,884	2,518	10,402	1,776	7
701		Ptx4	30.5	32,518	11,361	43,879	1,439	8

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		4.5	5,341	1,627	6,968	1,565	181
703		Ptx1	3.6	4,166	1,299	5,466	1,532	150
703		Ptx2	6.5	7,440	2,008	9,448	1,454	20
703		Ptx3	12.6	13,738	4,744	18,482	1,470	7
703		Ptx4	32.4	41,335	11,677	53,012	1,637	13
704	Red Blood Cell Disorders		5.7	3,751	1,123	4,874	852	933
704		Ptx1	4.9	3,033	921	3,954	809	709
704		Ptx2	8.3	5,256	1,610	6,866	824	127
704		Ptx3	10.2	7,052	2,182	9,235	902	70
704		Ptx4	16.1	13,258	4,108	17,366	1,081	49
709	Coagulation Disorders		3.9	2,845	883	3,728	953	390
709		Ptx1	3.2	2,160	687	2,847	882	322
709		Ptx2	7.2	4,908	1,557	6,466	894	30
709		Ptx3	10.0	6,492	2,074	8,566	854	28
709		Ptx4	16.3	15,493	4,240	19,733	1,212	21
710	Reticuloendothelial And Immunity Disorders		4.9	4,350	1,313	5,663	1,149	780
710		Ptx1	4.3	3,673	1,116	4,789	1,105	610
710		Ptx2	6.4	6,104	1,816	7,920	1,231	97
710		Ptx3	7.4	6,700	1,966	8,667	1,174	52
710		Ptx4	15.5	17,341	5,243	22,584	1,453	26
725	Major Leukemia And Lymphoma Procedures		6.2	6,554	2,241	8,795	1,418	264
725		Ptx1	4.1	4,739	1,736	6,475	1,587	200
725		Ptx2	9.5	8,557	2,974	11,532	1,220	22
725		Ptx3	13.8	11,541	3,841	15,382	1,113	23
725		Ptx4	36.9	39,239	11,084	50,323	1,363	41
726	Acute Leukemia Without Major Procedures		17.8	17,549	5,330	22,880	1,282	438
726		Ptx1	8.2	8,258	2,457	10,714	1,309	165
726		Ptx2	15.5	14,556	4,003	18,559	1,196	39
726		Ptx3	18.7	17,654	4,950	22,604	1,206	61
726		Ptx4	28.0	27,810	8,722	36,532	1,303	172

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
728	Lymphoma And Chronic Leukemia With Other Procedures		10.9	10,076	2,906	12,982	1,193	386
728		Plx1	6.4	5,625	1,661	7,287	1,147	246
728		Plx2	15.5	12,104	3,539	15,642	1,011	38
728		Plx3	10.5	8,937	2,650	11,588	1,109	31
728		Plx4	30.3	31,427	8,884	40,311	1,330	72
730	Lymphoma And Chronic Leukemia		11.3	8,168	2,442	10,611	935	807
730		Plx1	7.0	4,754	1,366	6,120	879	377
730		Plx2	12.4	7,811	2,459	10,271	828	174
730		Plx3	12.8	8,802	2,819	11,621	905	96
730		Plx4	21.3	18,106	5,284	23,390	1,099	163
733	Major Ill-Defined Neoplasm Procedures		10.2	10,328	3,186	13,515	1,326	118
733		Plx1	6.5	7,265	2,416	9,681	1,493	64
733		Plx2	11.8	9,709	3,052	12,761	1,077	26
733		Plx3	17.1	18,151	5,076	23,227	1,360	12
733		Plx4	30.7	25,271	7,460	32,731	1,067	22
734	Ill-Defined Neoplasm With Other Procedures		5.6	5,735	1,716	7,451	1,334	118
734		Plx1	3.9	4,384	1,320	5,704	1,478	92
734		Plx2	9.9	8,628	2,494	11,122	1,125	9
734		Plx3	17.3	13,667	4,317	17,984	1,039	13
734		Plx4	29.8	28,214	8,904	37,119	1,247	9
735	PWS - Radiation Therapy		5.1	3,641	1,067	4,708	925	336
735		Plx1	4.1	3,021	883	3,905	947	297
735		Plx2	10.0	6,602	1,924	8,526	849	21
735		Plx3	25.6	17,204	4,575	21,779	850	13
735		Plx4	25.3	17,096	5,286	22,382	886	15
736	Chemotherapy		3.3	3,736	1,070	4,806	1,459	1,446
736		Plx1	3.2	3,611	1,033	4,645	1,457	1,369
736		Plx2	5.1	5,707	1,657	7,364	1,438	25
736		Plx3	9.6	8,539	2,549	11,088	1,161	47
736		Plx4	20.2	15,974	4,692	20,666	1,022	72

Schedule 1 -- Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
737	Other Poorly Differentiated Neoplastic Diagnoses		10.5	6,721	2,080	8,801	837	181
737		Ptx1	6.9	4,546	1,302	5,847	853	77
737		Ptx2	12.1	7,740	2,462	10,202	841	53
737		Ptx3	14.9	9,099	3,047	12,145	817	29
737		Ptx4	19.9	11,937	3,819	15,756	791	26
750	Multisystemic Or Unspecified Site Infections With Surgery		15.6	17,452	5,030	22,481	1,444	697
750		Ptx1	7.9	6,154	2,070	8,224	1,037	320
750		Ptx2	15.7	12,528	4,128	16,656	1,063	79
750		Ptx3	16.4	13,265	4,302	17,567	1,072	66
750		Ptx4	34.2	47,726	13,053	60,779	1,778	264
751	Septicemia		8.0	7,454	2,120	9,574	1,200	967
751		Ptx1	6.1	3,818	1,189	5,007	821	396
751		Ptx2	8.1	5,710	1,787	7,497	921	132
751		Ptx3	8.8	7,798	2,362	10,160	1,150	152
751		Ptx4	12.1	15,292	4,159	19,451	1,612	307
756	Post-Operative And Post-Traumatic Infections		4.9	2,771	908	3,678	755	645
756		Ptx1	4.8	2,703	894	3,597	743	568
756		Ptx2	6.2	3,441	1,132	4,573	741	47
756		Ptx3	7.3	4,213	1,403	5,617	771	32
756		Ptx4	18.8	14,856	4,391	19,248	1,022	24
757	Viral Illness		3.3	2,298	721	3,018	923	414
757		Ptx1	2.7	1,877	610	2,487	905	334
757		Ptx2	4.4	3,201	930	4,132	948	39
757		Ptx3	4.6	3,431	1,103	4,533	976	17
757		Ptx4	15.2	15,976	4,283	20,259	1,337	19
761	Fever Of Unknown Origin		2.9	2,042	681	2,723	940	419
761		Ptx1	3.0	2,010	675	2,685	894	365
761		Ptx2	4.8	3,682	1,157	4,839	1,019	64
761		Ptx3	8.0	4,844	1,470	6,314	793	24
761		Ptx4	19.6	16,717	4,808	21,525	1,097	8

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
763	Other Infectious Diagnoses		6.4	4,876	1,451	6,327	986	205
763		Plx1	5.5	3,677	1,112	4,789	869	141
763		Plx2	8.9	6,086	2,021	8,107	911	20
763		Plx3	7.7	5,734	1,661	7,395	957	29
763		Plx4	19.9	20,422	4,802	25,224	1,270	21
764	Depressive Mood Disorders With ECT		37.7	13,581	4,986	18,567	492	615
764		Plx9	37.7	13,581	4,986	18,567	492	615
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		26.5	10,697	3,460	14,157	535	589
765		Plx9	26.5	10,697	3,460	14,157	535	589
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		20.0	7,189	2,364	9,553	478	1,868
766		Plx9	20.0	7,189	2,364	9,553	478	1,868
767	Depressive Mood Disorders LOS < 6 Days		2.9	1,641	499	2,140	732	585
767		Plx9	2.9	1,641	499	2,140	732	585
768	Bipolar Mood Disorders, Manic With ECT		36.0	14,185	4,754	18,939	527	55
768		Plx9	36.0	14,185	4,754	18,939	527	55
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		27.1	11,824	3,897	15,721	581	175
769		Plx9	27.1	11,824	3,897	15,721	581	175
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		21.1	8,320	2,778	11,098	526	1,046
770		Plx9	21.1	8,320	2,778	11,098	526	1,046
771	Bipolar Mood Disorders LOS < 6 Days		3.1	1,720	546	2,266	720	183
771		Plx9	3.1	1,720	546	2,266	720	183
772	Dementia With Or Without Delirium With Axis III Diagnosis		41.5	17,891	6,225	24,117	581	695
772		Plx9	41.5	17,891	6,225	24,117	581	695
773	Dementia With Or Without Delirium Without Axis III Diagnosis		33.1	14,027	4,646	18,674	564	496
773		Plx9	33.1	14,027	4,646	18,674	564	496
774	Organic Mental Disorders Induced By Drugs		9.1	4,401	1,419	5,819	639	570
774		Plx9	9.1	4,401	1,419	5,819	639	570
775	Schizophrenia And Other Psychotic Disorders With ECT		44.8	19,099	6,434	25,533	570	87
775		Plx9	44.8	19,099	6,434	25,533	570	87
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		30.1	13,038	4,193	17,231	572	425

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
776		Pix9	30.1	13,038	4,193	17,231	572	425
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		24.9	9,892	3,188	13,080	525	2,422
777		Pix9	24.9	9,892	3,188	13,080	525	2,422
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		3.0	1,681	512	2,193	732	489
778		Pix9	3.0	1,681	512	2,193	732	489
779	Dissociative Disorders		6.8	3,950	1,113	5,062	748	118
779		Pix9	6.8	3,950	1,113	5,062	748	118
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		8.2	4,726	1,555	6,280	762	279
780		Pix9	8.2	4,726	1,555	6,280	762	279
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		5.0	2,425	801	3,226	646	302
781		Pix9	5.0	2,425	801	3,226	646	302
783	Psychoactive Substance Dependence		9.2	4,411	1,365	5,776	630	687
783		Pix9	9.2	4,411	1,365	5,776	630	687
784	Psychoactive Substance Abuse		4.3	2,251	724	2,975	697	586
784		Pix9	4.3	2,251	724	2,975	697	586
785	Developmental Delay		22.7	12,023	3,681	15,703	691	96
785		Pix9	22.7	12,023	3,681	15,703	691	96
786	Disruptive Behaviour Disorders		18.1	10,103	2,971	13,074	723	443
786		Pix9	18.1	10,103	2,971	13,074	723	443
787	Eating Disorders		26.3	12,789	3,309	16,097	611	217
787		Pix9	26.3	12,789	3,309	16,097	611	217
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		20.1	9,425	3,204	12,629	628	325
788		Pix9	20.1	9,425	3,204	12,629	628	325
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		16.9	7,414	2,425	9,839	584	227
789		Pix9	16.9	7,414	2,425	9,839	584	227
790	Somatoform Disorders		6.4	3,196	892	4,089	634	49
790		Pix9	6.4	3,196	892	4,089	634	49
791	Anxiety Disorders (MNRH)		11.6	5,049	1,604	6,653	574	332
791		Pix9	11.6	5,049	1,604	6,653	574	332

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
792	Adjustment Disorders (MNRH)		3.9	2,115	649	2,765	707	2,638
792		Plx9	3.9	2,115	649	2,765	707	2,638
793	Personality Disorders With Axis III Diagnosis (MNRH)		9.4	4,791	1,520	6,311	672	72
793		Plx9	9.4	4,791	1,520	6,311	672	72
794	Personality Disorders Without Axis III Diagnosis (MNRH)		4.0	2,128	675	2,803	699	540
794		Plx9	4.0	2,128	675	2,803	699	540
795	Sexual Dysfunction And Sexual Disorders (MNRH)		13.8	8,556	2,728	11,284	815	33
795		Plx9	13.8	8,556	2,728	11,284	815	33
796	Specific Developmental Disorders (MNRH)		15.7	8,805	2,604	11,409	727	16
796		Plx9	15.7	8,805	2,604	11,409	727	16
797	Miscellaneous Psychiatric Diagnoses (MNRH)		12.7	6,448	2,076	8,524	672	108
797		Plx9	12.7	6,448	2,076	8,524	672	108
803	Extensive Procedures For Injury Or Complication Of Treatment		12.3	13,131	4,087	17,218	1,395	607
803		Plx1	7.3	7,733	2,459	10,192	1,390	342
803		Plx2	9.2	10,176	3,054	13,230	1,432	72
803		Plx3	16.6	16,217	5,151	21,368	1,289	61
803		Plx4	35.9	44,871	12,873	57,744	1,607	143
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		4.2	4,394	1,340	5,734	1,375	1,249
804		Plx1	3.0	3,246	1,020	4,266	1,415	1,026
804		Plx2	10.2	8,476	2,709	11,185	1,093	106
804		Plx3	10.6	9,888	3,063	12,952	1,220	70
804		Plx4	27.3	32,447	9,155	41,603	1,523	99
805	MNRH Procedures For Injury Or Complication Of Treatment		3.4	2,987	1,042	4,029	1,169	284
805		Plx1	2.9	2,616	929	3,545	1,242	248
805		Plx2	6.0	4,386	1,534	5,920	987	14
805		Plx3	9.7	7,289	2,363	9,651	995	10
805		Plx4	22.0	22,981	6,766	29,746	1,352	11
811	Allergic Reaction		1.8	1,573	433	2,006	1,143	90
811		Plx1	1.7	1,347	381	1,728	1,047	83
811		Plx2	2.0	841	348	1,189	595	1

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
811		Plx3	4.0	5,331	1,357	6,687	1,672	5
811		Plx4	6.3	6,341	1,574	7,915	1,250	6
813	Drug Reactions		2.4	2,044	618	2,662	1,120	1,359
813		Plx1	2.2	1,669	519	2,188	1,006	1,125
813		Plx2	5.5	3,857	1,218	5,075	925	90
813		Plx3	4.7	4,351	1,271	5,622	1,184	142
813		Plx4	8.6	10,967	3,030	13,997	1,637	114
818	Complications Of Treatment		3.9	2,684	832	3,516	904	2,016
818		Plx1	3.3	2,150	678	2,827	863	1,668
818		Plx2	6.7	5,081	1,501	6,582	984	178
818		Plx3	9.5	6,946	2,291	9,237	970	120
818		Plx4	12.9	11,997	3,388	15,386	1,194	81
823	Minor Injuries And Trauma Diagnosis		2.5	2,738	718	3,456	1,404	254
823		Plx1	1.9	1,735	467	2,202	1,153	211
823		Plx2	6.9	4,968	1,484	6,452	931	14
823		Plx3	4.6	3,709	1,069	4,778	1,047	16
823		Plx4	10.4	19,443	4,876	24,320	2,338	20
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		44.4	69,963	19,634	89,596	2,018	43
830		Plx1	21.3	27,314	8,018	35,332	1,663	20
830		Plx2	18.7	28,679	8,826	37,505	2,009	3
830		Plx3						
830		Plx4	92.0	178,119	49,828	227,947	2,478	19
831	Extensive Burns Without Burn Procedures		8.5	10,486	2,913	13,399	1,569	13
831		Plx1	8.1	8,358	2,352	10,710	1,324	11
831		Plx2						
831		Plx3	18.0	24,320	7,482	31,802	1,767	1
831		Plx4	4.0	20,068	4,511	24,579	6,145	1
832	PWS - Non-Extensive Burns With Skin Graft		12.3	12,834	3,978	16,812	1,370	229
832		Plx1	10.8	10,141	3,215	13,356	1,240	195
832		Plx2	17.4	19,152	5,679	24,831	1,428	13

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
832		Plx3	22.6	28,011	8,187	36,198	1,599	14
832		Plx4	44.4	64,985	18,438	83,423	1,878	12
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		4.3	3,888	1,135	5,023	1,159	3
833		Plx1	4.3	3,888	1,135	5,023	1,159	3
833		Plx2						
833		Plx3						
833		Plx4						
834	Non-Extensive Burns Without Burn Procedures		4.7	4,092	1,185	5,277	1,112	181
834		Plx1	4.3	3,603	1,050	4,652	1,081	167
834		Plx2	10.6	9,889	2,817	12,706	1,199	5
834		Plx3	13.5	9,879	2,920	12,799	948	6
834		Plx4	17.5	15,218	4,140	19,358	1,106	4
840	Other Admissions With Surgery		36.0	25,739	7,246	32,985	917	714
840		Plx1	9.2	6,440	2,140	8,580	933	391
840		Plx2	48.4	28,004	8,351	36,354	750	86
840		Plx3	57.4	37,451	10,508	47,959	836	61
840		Plx4	87.8	73,137	19,029	92,166	1,049	159
841	Rehabilitation		38.7	17,938	5,364	23,302	603	3,504
841		Plx1	33.5	15,158	4,581	19,739	589	2,026
841		Plx2	44.2	20,922	6,209	27,131	614	730
841		Plx3	47.8	22,393	6,664	29,057	608	424
841		Plx4	57.3	29,111	8,541	37,652	657	357
842	Signs And Symptoms		9.1	4,418	1,448	5,866	646	589
842		Plx1	6.7	3,329	1,078	4,408	654	408
842		Plx2	14.5	6,397	2,204	8,601	594	99
842		Plx3	17.7	8,173	2,733	10,906	615	62
842		Plx4	26.9	16,222	5,117	21,339	792	30
846	Aftercare Following Surgery Or Treatment		1.4	1,144	362	1,506	1,041	3,355
846		Plx1	1.3	1,054	333	1,387	1,058	3,206
846		Plx2	4.1	3,946	1,187	5,134	1,238	54

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
846		Plx3	5.9	4,107	1,346	5,454	931	14
846		Plx4	10.7	8,679	2,458	11,137	1,044	3
847	Other Specified Aftercare		15.0	8,564	3,117	11,681	777	1,066
847		Plx1	14.3	8,087	3,000	11,087	775	920
847		Plx2	17.0	9,279	2,991	12,270	720	70
847		Plx3	19.3	12,347	4,440	16,787	871	34
847		Plx4	22.7	15,045	4,953	19,998	880	40
849	Multiple Or Unspecified Congenital Anomalies		9.7	11,527	3,120	14,647	1,509	17
849		Plx1	2.9	2,877	705	3,583	1,240	9
849		Plx2	12.0	19,683	4,709	24,392	2,033	2
849		Plx3	8.0	4,611	1,801	6,412	801	2
849		Plx4	18.0	15,651	5,404	21,054	1,170	1
850	Perinatal Conditions Age > 28 Days		20.6	16,550	3,981	20,532	997	165
850		Plx1	17.6	12,350	3,006	15,357	875	89
850		Plx2	27.1	23,520	5,006	28,526	1,051	15
850		Plx3	20.8	16,712	3,884	20,596	992	45
850		Plx4	31.2	36,166	9,150	45,316	1,453	16
851	Other Factors Causing Hospitalization		4.1	2,315	802	3,117	752	765
851		Plx1	3.8	2,161	747	2,908	775	710
851		Plx2	8.4	4,080	1,434	5,515	653	38
851		Plx3	7.3	3,314	1,319	4,632	632	12
851		Plx4	19.3	6,932	3,129	10,061	523	4
852	Procedures Cancelled (MNRH)		1.0	344	104	448	448	995
852		Plx1	1.0	336	101	438	438	965
852		Plx2	1.0	484	141	626	626	21
852		Plx3	1.0	857	266	1,123	1,123	9
852		Plx4						
860	Respiratory Tract Disorders With HIV		9.0	6,621	1,875	8,496	946	88
860		Plx9	9.0	6,621	1,875	8,496	946	88
861	CNS Infection With HIV		10.0	5,826	1,469	7,295	729	4

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
861		Plx9	10.0	5,826	1,469	7,295	729	4
862	GI And Hepatobiliary Disorders With HIV		4.3	2,658	738	3,397	797	19
862		Plx9	4.3	2,658	738	3,397	797	19
863	Ophthalmic Disorders With HIV		11.8	9,228	2,626	11,854	1,009	8
863		Plx9	11.8	9,228	2,626	11,854	1,009	8
864	Blood Infections With HIV		16.1	7,793	2,610	10,403	646	9
864		Plx9	16.1	7,793	2,610	10,403	646	9
865	Lymphoma With HIV		42.7	32,542	11,171	43,713	1,025	3
865		Plx9	42.7	32,542	11,171	43,713	1,025	3
866	Psychosocial Conditions With HIV		9.5	5,573	1,892	7,465	786	6
866		Plx9	9.5	5,573	1,892	7,465	786	6
867	Other Conditions Associated With HIV		10.8	9,452	2,607	12,059	1,117	5
867		Plx9	10.8	9,452	2,607	12,059	1,117	5
868	Miscellaneous Conditions With HIV		10.4	7,863	2,490	10,353	996	43
868		Plx9	10.4	7,863	2,490	10,353	996	43
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		21.0	18,951	6,614	25,565	1,216	73
880		Plx1	12.1	9,992	4,058	14,050	1,163	25
880		Plx2	22.2	17,183	6,494	23,677	1,069	13
880		Plx3	15.1	14,501	4,988	19,489	1,293	13
880		Plx4	40.8	38,659	12,081	50,740	1,245	24
881	Amputation Of Lower Limb Except Toe		17.5	12,268	4,108	16,376	938	424
881		Plx1	10.3	6,577	2,444	9,022	874	191
881		Plx2	17.3	12,415	4,228	16,643	960	89
881		Plx3	22.9	14,700	4,932	19,632	858	64
881		Plx4	46.4	33,201	10,316	43,517	938	94
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		19.0	16,141	5,471	21,613	1,140	26
882		Plx1	12.4	10,251	3,488	13,738	1,106	12
882		Plx2	16.0	11,960	3,452	15,411	963	3
882		Plx3	25.2	18,131	6,848	24,979	991	5
882		Plx4	36.7	32,214	10,089	42,304	1,152	7

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
883	Wound Debridement And Grafting Other Than Hand		16.3	12,113	3,899	16,012	980	51
883		Plx1	13.1	10,317	3,341	13,657	1,043	31
883		Plx2	7.3	5,923	2,071	7,994	1,090	6
883		Plx3	17.9	12,595	4,048	16,643	931	8
883		Plx4	45.2	48,559	15,288	63,846	1,414	6
884	Other Amputations Including Toe		12.4	8,373	2,773	11,145	900	79
884		Plx1	6.7	4,505	1,551	6,056	904	43
884		Plx2	13.5	8,084	2,737	10,821	800	17
884		Plx3	26.8	17,189	5,399	22,588	843	14
884		Plx4	35.3	28,225	8,919	37,145	1,053	7
885	PWS - Aortic Replacement		9.3	15,174	3,982	19,156	2,055	356
885		Plx1	6.9	11,744	2,845	14,589	2,122	184
885		Plx2	10.4	14,215	4,142	18,358	1,772	56
885		Plx3	11.6	17,095	4,561	21,656	1,866	53
885		Plx4	15.1	26,417	7,371	33,788	2,241	65
887	Vascular Bypass Surgery		8.7	10,777	3,314	14,090	1,618	669
887		Plx1	7.1	8,935	2,714	11,649	1,633	406
887		Plx2	9.7	10,367	3,567	13,933	1,440	109
887		Plx3	10.6	12,392	3,655	16,047	1,521	89
887		Plx4	17.7	24,833	7,728	32,561	1,843	70
890	Other Thoraco-Abdominal Procedures		11.3	13,168	3,302	16,470	1,459	76
890		Plx1	6.3	6,836	1,513	8,348	1,316	38
890		Plx2	6.4	7,732	2,286	10,018	1,571	8
890		Plx3	11.3	9,770	2,797	12,567	1,115	11
890		Plx4	24.0	34,453	8,611	43,063	1,794	18
891	Vascular Repair		5.5	7,970	2,312	10,282	1,882	280
891		Plx1	3.9	5,862	1,767	7,628	1,943	204
891		Plx2	8.0	8,675	2,770	11,445	1,437	28
891		Plx3	10.2	11,491	3,219	14,710	1,449	26
891		Plx4	19.7	28,624	7,883	36,507	1,855	28

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
892	Other Vascular Procedures		4.7	6,317	1,697	8,015	1,700	158
892		Pix1	4.1	5,784	1,513	7,297	1,772	126
892		Pix2	14.5	12,861	3,786	16,647	1,148	22
892		Pix3	7.3	8,680	2,519	11,199	1,537	14
892		Pix4	30.5	30,694	9,186	39,880	1,308	4
893	Vein Ligation And Stripping (MNRH)		1.0	1,233	585	1,818	1,818	50
893		Pix1	1.0	1,237	585	1,822	1,822	48
893		Pix2	1.0	1,139	584	1,723	1,723	2
893		Pix3						
893		Pix4						
895	Deep Vein Thrombophlebitis		7.1	3,773	1,204	4,977	705	519
895		Pix1	6.2	3,186	1,031	4,216	681	354
895		Pix2	7.5	4,197	1,310	5,507	734	102
895		Pix3	15.2	7,917	2,554	10,471	690	60
895		Pix4	15.5	8,569	2,724	11,293	730	17
898	Peripheral Vascular Disease		5.6	4,052	1,238	5,290	937	409
898		Pix1	4.6	3,391	1,019	4,410	950	306
898		Pix2	6.9	4,671	1,487	6,158	896	54
898		Pix3	14.0	8,303	2,753	11,056	791	34
898		Pix4	13.8	11,214	3,347	14,561	1,056	23
900	Extensive Unrelated O.R. Procedures		19.6	21,361	6,173	27,533	1,406	558
900		Pix1	7.7	10,664	3,013	13,677	1,783	192
900		Pix2	18.9	14,365	4,706	19,071	1,011	69
900		Pix3	22.9	18,864	5,640	24,504	1,072	82
900		Pix4	36.8	38,686	11,207	49,893	1,357	233
901	Non-Extensive Unrelated O.R. Procedures		11.7	11,117	3,294	14,411	1,227	1,533
901		Pix1	5.4	5,007	1,551	6,558	1,215	848
901		Pix2	13.7	10,135	3,046	13,182	960	198
901		Pix3	19.7	14,726	4,502	19,227	977	180
901		Pix4	33.7	35,524	10,391	45,915	1,361	348

Schedule 1 – Inpatient Cost Results

CMG Code	Description	Complexity Level	Average LOS	Average Direct Cost	Average Indirect Cost	Average Cost	Cost per Day	Costed Cases
902	Post-Operative Complications With Unrelated O.R. Procedures		10.3	11,205	3,738	14,943	1,452	163
902		Plx1	4.6	4,923	1,666	6,590	1,426	82
902		Plx2	12.4	11,411	4,371	15,782	1,269	23
902		Plx3	17.4	14,550	4,798	19,348	1,110	14
902		Plx4	22.8	29,191	8,619	37,810	1,659	47
906	Unrelated O.R. Procedures (MNRH)		10.5	8,045	2,518	10,563	1,002	302
906		Plx1	5.9	4,478	1,447	5,925	1,013	196
906		Plx2	19.0	10,857	3,625	14,483	764	40
906		Plx3	18.7	11,777	3,853	15,630	838	29
906		Plx4	27.2	24,575	6,942	31,517	1,159	39
908	Other Major Procedures For Gynecological Malignancy		4.4	4,127	1,460	5,587	1,265	24
908		Plx1	3.3	3,301	1,153	4,454	1,350	20
908		Plx2	11.0	8,961	3,580	12,542	1,140	2
908		Plx3	14.0	10,037	3,799	13,835	988	2
908		Plx4	8.0	7,085	3,338	10,422	1,303	1
909	Obsolete Psychiatric Diagnoses (MNRH)		10.3	4,360	1,383	5,743	560	341
909		Plx9	10.3	4,360	1,383	5,743	560	341
910	Diagnosis Not Generally Hospitalized		1.5	1,891	598	2,489	1,683	161
910		Plx9	1.5	1,891	598	2,489	1,683	161
912	Obstetric Codes Invalid As Most Responsible Diagnosis		2.6	1,406	463	1,870	726	40
912		Plx9	2.6	1,406	463	1,870	726	40
996	Cadaveric Donor Organ and Tissue Retrieval		0.0	16,192	2,840	19,032		5
996		Plx9	0.0	16,192	2,840	19,032		5
997	Stillbirths							
997		Plx9						
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		3.0	3,545	858	4,404	1,468	9
998		Plx9	3.0	3,545	858	4,404	1,468	9
999	Ungroupable Data		2.8	3,843	1,120	4,963	1,777	53
999		Plx9	2.8	3,843	1,120	4,963	1,777	53

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pts Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
001	**PWS - Craniotomy Procedures**		**1,052**	**1,076**	**2,128**	**14,132**	**14,532**	**14,334**	**7.2**	**6.8**	**7.0**
001		Pts1	817	827	1,644	11,554	12,096	11,826	5.9	5.6	5.7
001		**Pts2**	**101**	**106**	**207**	**17,266**	**18,576**	**17,937**	**10.3**	**9.7**	**10.0**
001		Pts3	64	70	134	21,197	21,560	21,387	12.0	13.3	12.7
001		**Pts4**	**114**	**111**	**225**	**57,842**	**44,633**	**51,325**	**28.0**	**22.1**	**25.1**
003	PWS - Spinal Procedures		149	158	307	9,783	9,651	9,715	5.9	5.7	5.8
003		**Pts1**	**120**	**134**	**254**	**8,372**	**7,945**	**8,147**	**4.9**	**4.6**	**4.7**
003		Pts2	13	13	26	13,259	18,793	16,026	10.1	12.1	11.1
003		**Pts3**	**14**	**6**	**20**	**18,637**	**22,134**	**19,686**	**10.4**	**12.8**	**11.2**
003		Pts4	7	10	17	28,974	36,198	33,224	27.4	24.3	25.6
004	**PWS - Extracranial Vascular Procedures**		**339**	**353**	**692**	**6,537**	**6,702**	**6,621**	**3.3**	**3.2**	**3.2**
004		Pts1	298	301	599	5,841	5,813	5,827	2.8	2.5	2.7
004		**Pts2**	**11**	**17**	**28**	**10,929**	**9,433**	**10,021**	**6.5**	**5.9**	**6.0**
004		Pts3	14	20	34	11,943	12,054	12,008	7.8	7.6	7.6
004		**Pts4**	**12**	**11**	**23**	**17,795**	**28,982**	**23,146**	**11.1**	**15.1**	**13.0**
005	**PWS - Ventricular Shunt Revision**		**86**	**93**	**179**	**5,861**	**5,811**	**5,835**	**2.9**	**2.6**	**2.8**
005		**Pts1**	**79**	**87**	**166**	**5,870**	**5,841**	**5,854**	**2.9**	**2.7**	**2.8**
005		Pts2	6	4	10	10,406	12,915	11,410	6.3	6.5	6.4
005		**Pts3**	**3**	**3**	**6**	**5,909**	**5,966**	**5,937**	**3.0**	**2.7**	**2.8**
005		Pts4		3	3		13,350	13,350		9.0	9.0
006	**Carpal Tunnel Release And Specified Nervous System Procedures**		**79**	**67**	**146**	**5,414**	**5,635**	**5,525**	**2.6**	**2.3**	**2.4**
006		Pts1	75	64	139	5,361	5,345	5,354	2.5	2.2	2.3
006		**Pts2**	**3**	**2**	**5**	**6,034**	**7,565**	**6,647**	**4.7**	**3.5**	**4.2**
006		Pts3	1	1	2	12,160	21,693	16,927	15.0	7.0	11.0
006		**Pts4**	**3**	**5**	**8**	**23,441**	**53,498**	**42,226**	**23.0**	**31.2**	**28.1**
007	**Peripheral, Cranial Nerve And Other Neurological Procedures**		**35**	**36**	**71**	**22,182**	**18,519**	**20,324**	**13.4**	**11.0**	**12.2**
007		**Pts1**	**19**	**21**	**40**	**9,869**	**7,053**	**8,391**	**6.3**	**3.7**	**4.9**
007		Pts2	4	4	8	18,455	18,631	18,543	12.8	10.0	11.4
007		**Pts3**	**1**	**2**	**3**	**45,652**	**17,755**	**27,054**	**30.0**	**10.5**	**17.0**

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
007		Ptx4	10	10	20	46,797	54,960	50,879	26.8	37.8	32.3
010	Neoplasm Of Nervous System		253	233	486	7,526	7,916	7,713	9.8	9.4	9.6
010		Ptx1	166	159	325	5,972	6,800	6,377	7.7	8.0	7.9
010		Ptx2	55	45	100	8,601	8,297	8,484	12.2	11.2	11.7
010		Ptx3	22	17	39	14,197	16,680	15,279	18.5	23.1	20.5
010		Ptx4	12	19	31	17,851	19,206	18,681	18.8	21.1	20.2
011	Degenerative Nervous Disorders		141	175	316	10,827	12,720	11,875	14.8	16.5	15.7
011		Ptx1	101	115	216	8,121	9,494	8,852	11.8	13.6	12.8
011		Ptx2	14	24	38	14,009	12,268	12,910	20.6	18.0	19.0
011		Ptx3	17	19	36	17,927	16,030	16,926	21.8	23.7	22.8
011		Ptx4	13	17	30	36,420	32,786	34,360	44.5	28.4	35.4
012	Multiple Sclerosis And Cerebellar Disorders		101	113	214	6,114	8,847	7,557	7.6	10.2	9.0
012		Ptx1	88	81	169	5,231	5,844	5,525	6.8	7.0	6.9
012		Ptx2	10	17	27	19,780	12,925	15,464	23.8	17.7	20.0
012		Ptx3	6	4	10	30,370	14,226	23,912	46.0	16.3	34.1
012		Ptx4	3	6	9	16,201	29,919	25,346	22.3	17.3	19.0
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1,597	1,614	3,211	7,879	8,300	8,090	8.7	9.0	8.8
013		Ptx1	1,165	1,082	2,247	5,581	5,928	5,748	6.1	6.4	6.3
013		Ptx2	198	252	450	13,731	12,546	13,068	18.0	15.6	16.7
013		Ptx3	124	168	292	14,901	14,403	14,614	17.2	16.8	17.0
013		Ptx4	138	123	261	24,644	20,239	22,568	24.9	18.4	21.8
014	Transient Ischemic Attacks And Precerebral Occlusions		535	497	1,032	3,851	4,061	3,952	3.7	3.8	3.7
014		Ptx1	489	445	934	3,553	3,665	3,607	3.4	3.5	3.5
014		Ptx2	35	46	81	8,211	8,306	8,265	9.9	8.8	9.3
014		Ptx3	23	14	37	13,064	10,077	11,933	14.6	9.4	12.6
014		Ptx4	10	5	15	22,598	29,117	24,771	23.4	27.2	24.7
015	Nonspecific Cerebrovascular Disorders		79	57	136	6,512	6,529	6,519	6.5	7.5	6.9
015		Ptx1	62	43	105	4,507	4,340	4,439	5.3	5.0	5.2
015		Ptx2	6	6	12	11,616	13,732	12,674	14.7	23.7	19.2

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
015		Pix3	5	3	8	8,483	11,787	9,722	6.8	17.7	10.9
015		Pix4	7	7	14	25,300	22,711	24,005	19.3	16.1	17.7
017	Cranial And Peripheral Nerve Diseases		156	127	283	5,641	6,198	5,891	7.2	7.7	7.4
017		Pix1	125	91	216	4,481	4,502	4,490	6.1	5.9	6.0
017		Pix2	14	17	31	8,255	8,966	8,645	11.1	11.5	11.3
017		Pix3	10	13	23	9,233	12,637	11,157	13.6	15.0	14.4
017		Pix4	10	10	20	45,955	42,329	44,142	35.7	33.1	34.4
018	Viral Meningitis		99	71	170	2,128	2,397	2,240	2.7	3.1	2.9
018		Pix1	97	69	166	2,112	2,368	2,219	2.7	3.1	2.9
018		Pix2	1	2	3	4,646	4,568	4,594	7.0	8.0	7.7
018		Pix3	1	4	5	1,107	10,734	8,808	1.0	14.0	11.4
018		Pix4									
019	Infection Except Viral Meningitis		182	159	341	7,875	8,800	8,306	7.0	7.8	7.4
019		Pix1	131	106	237	5,080	5,679	5,348	5.3	5.6	5.5
019		Pix2	13	20	33	10,789	13,596	12,490	8.0	11.8	10.3
019		Pix3	17	18	35	10,705	11,768	11,251	11.6	10.0	10.8
019		Pix4	22	14	36	25,160	24,988	25,093	16.6	15.9	16.4
020	Hypertensive Encephalopathy		5	3	8	8,409	5,481	7,311	6.4	4.7	5.8
020		Pix1	4	2	6	3,141	5,895	4,059	3.8	5.0	4.2
020		Pix2	1		1	29,484		29,484	17.0		17.0
020		Pix3		1	1		4,652	4,652		4.0	4.0
020		Pix4		1	1		22,892	22,892		38.0	38.0
021	Non-Traumatic Stupor And Coma		76	63	139	5,608	4,870	5,274	5.9	3.6	4.8
021		Pix1	40	44	84	3,361	2,923	3,132	3.7	2.5	3.1
021		Pix2	14	6	20	6,711	4,905	6,169	8.9	4.0	7.4
021		Pix3	10	7	17	7,574	8,133	7,804	8.1	5.9	7.2
021		Pix4	7	5	12	12,003	18,355	14,650	6.6	10.2	8.1
022	Seizure And Headache		1,058	1,018	2,076	3,287	3,229	3,259	3.3	3.2	3.3
022		Pix1	967	919	1,886	3,094	3,031	3,063	3.2	3.1	3.1
022		Pix2	46	69	115	5,645	5,161	5,355	5.5	5.4	5.4

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
022		Ptx3	49	38	87	6,568	8,778	7,533	6.3	8.0	7.0
022		Ptx4	26	24	50	25,335	21,588	23,537	16.3	13.9	15.2
028	Other Nervous System Diagnoses		398	340	738	6,747	6,454	6,612	7.1	6.3	6.7
028		Ptx1	284	231	515	4,491	4,088	4,311	5.8	5.1	5.5
028		Ptx2	37	42	79	6,521	6,905	6,725	9.3	8.2	8.7
028		Ptx3	25	21	46	10,277	9,147	9,761	10.0	4.7	7.5
028		Ptx4	44	44	88	19,285	19,278	19,281	9.9	11.5	10.7
040	Tracheostomy And Gastrostomy Procedures		267	242	509	82,717	79,280	81,083	51.9	51.0	51.5
040		Ptx1	38	41	79	31,789	27,032	29,320	34.0	27.4	30.6
040		Ptx2	5	8	13	31,235	28,051	29,275	23.2	39.9	33.5
040		Ptx3	30	29	59	39,617	34,428	37,066	40.0	34.2	37.1
040		Ptx4	196	167	363	103,495	106,192	104,735	59.4	62.6	60.9
050	Orbital Procedures		375	331	706	2,186	2,184	2,185	1.3	1.4	1.4
050		Ptx1	372	327	699	2,185	2,172	2,179	1.4	1.4	1.4
050		Ptx2	5	5	10	6,904	10,502	8,703	7.8	5.8	6.8
050		Ptx3	3	2	5	7,938	3,657	6,226	6.3	3.5	5.2
050		Ptx4	1	2	3	5,505	6,063	5,877	5.0	4.0	4.3
051	Other Intraocular Procedures		114	134	248	2,161	1,971	2,059	1.4	1.3	1.3
051		Ptx1	113	127	240	2,176	1,927	2,044	1.4	1.3	1.3
051		Ptx2	2	5	7	2,921	2,586	2,682	3.0	1.6	2.0
051		Ptx3		2	2		3,254	3,254		1.5	1.5
051		Ptx4									
052	Retinal Procedures		1,072	1,024	2,096	1,956	1,889	1,923	1.0	1.0	1.0
052		Ptx1	1,069	1,018	2,087	1,957	1,885	1,922	1.0	1.0	1.0
052		Ptx2	5	6	11	2,710	3,276	3,019	2.4	2.0	2.2
052		Ptx3	1	4	5	3,850	3,027	3,192	3.0	1.5	1.8
052		Ptx4									
053	Iris And Lens Procedures		6	14	20	2,837	1,776	2,095	1.8	1.6	1.7
053		Ptx1	6	14	20	2,837	1,776	2,095	1.8	1.6	1.7
053		Ptx2									

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
053		Pix3	1		1	9,161		9,161	7.0		7.0
053		Pix4									
054	Extraocular Procedures		29	34	63	2,244	2,508	2,387	1.2	1.5	1.4
054		Pix1	29	34	63	2,244	2,508	2,387	1.2	1.5	1.4
054		Pix2									
054		Pix3	1	1	2	14,725	18,697	16,711	20.0	14.0	17.0
054		Pix4	1		1	27,620		27,620	13.0		13.0
055	Lens Insertion (MNRH)		140	158	298	2,836	2,647	2,736	1.0	1.0	1.0
055		Pix1	140	157	297	2,836	2,642	2,733	1.0	1.0	1.0
055		Pix2	1		1	8,110		8,110	7.0		7.0
055		Pix3		1	1		3,550	3,550		1.0	1.0
055		Pix4									
057	Other Ophthalmic Procedures (MNRH)		51	41	92	1,543	1,462	1,507	1.0	1.0	1.0
057		Pix1	51	41	92	1,543	1,462	1,507	1.0	1.0	1.0
057		Pix2	1	1	2	2,535	2,384	2,460	2.0	2.0	2.0
057		Pix3	1	1	2	3,577	1,971	2,774	4.0	2.0	3.0
057		Pix4									
060	Major Eye Infections		51	52	103	4,290	3,705	3,994	4.1	4.0	4.0
060		Pix1	49	47	96	4,345	3,864	4,110	4.2	4.0	4.1
060		Pix2	2	4	6	4,135	2,678	3,164	8.0	10.3	9.5
060		Pix3	1	2	3	4,813	3,967	4,249	4.0	4.5	4.3
060		Pix4									
062	Hyphema		4	9	13	1,903	2,351	2,213	3.0	2.9	2.9
062		Pix1	4	9	13	1,903	2,351	2,213	3.0	2.9	2.9
062		Pix2									
062		Pix3									
062		Pix4									
063	Other Ophthalmic Diagnoses (MNRH)		118	103	221	2,960	3,113	3,031	2.7	2.7	2.7
063		Pix1	109	93	202	2,731	2,608	2,674	2.5	2.6	2.5
063		Pix2	9	6	15	7,665	8,458	7,982	9.9	7.7	9.0

N/A -- Not applicable

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			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
063		Pix3	4	4	8	8,607	2,853	5,730	6.0	3.3	4.6
063		Pix4		3	3		19,784	19,784		8.0	8.0
075	PWS - Radical Laryngectomy And Glossectomy		77	54	131	35,995	39,537	37,455	17.9	20.7	19.0
075		Pix1	47	22	69	30,692	30,831	30,736	14.7	15.3	14.9
075		Pix2	8	9	17	45,393	36,692	40,787	23.4	18.4	20.8
075		Pix3	10	11	21	52,163	46,914	49,413	31.5	25.6	28.4
075		Pix4	14	15	29	45,312	62,856	54,387	22.7	37.3	30.2
076	PWS - Major Head And Neck Procedures		163	157	320	14,555	16,276	15,399	7.3	7.6	7.5
076		Pix1	121	117	238	9,364	9,302	9,333	4.5	4.5	4.5
076		Pix2	11	12	23	24,108	24,703	24,418	13.2	13.9	13.6
076		Pix3	9	8	17	19,370	24,785	21,918	13.0	12.0	12.5
076		Pix4	21	21	42	53,692	65,132	59,412	22.5	26.0	24.3
077	Less Extensive Head And Neck Procedures		211	224	435	3,001	3,065	3,034	1.5	1.6	1.6
077		Pix1	207	219	426	2,951	2,901	2,925	1.5	1.5	1.5
077		Pix2	2	3	5	5,026	12,214	9,339	3.5	5.3	4.6
077		Pix3	3	3	6	6,786	6,368	6,577	5.0	4.3	4.7
077		Pix4	1	5	6	26,139	63,563	57,326	9.0	21.4	19.3
078	Cleft Lip And Palate Repair		139	160	299	4,588	4,525	4,554	2.1	2.0	2.0
078		Pix1	139	158	297	4,588	4,471	4,526	2.1	2.0	2.0
078		Pix2	1	3	4	17,821	10,720	12,495	5.0	3.7	4.0
078		Pix3		1	1		14,222	14,222		10.0	10.0
078		Pix4									
081	Salivary Gland Procedures		143	166	309	3,597	3,978	3,802	1.4	1.5	1.5
081		Pix1	143	165	308	3,597	3,961	3,792	1.4	1.5	1.5
081		Pix2	1		1	10,561		10,561	6.0		6.0
081		Pix3		1	1		6,785	6,785		2.0	2.0
081		Pix4									
082	Minor Ear, Nose And Throat Procedures		45	79	124	2,447	2,261	2,328	1.4	1.4	1.4
082		Pix1	45	79	124	2,447	2,261	2,328	1.4	1.4	1.4
082		Pix2		1	1		7,095	7,095		14.0	14.0

N/A -- Not applicable

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			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
082		Ptx3									
082		Ptx4	1	1	2	41,396	3,653	22,524	15.0	5.0	10.0
083	Reconstructive ENT Procedures		400	353	753	5,799	5,763	5,782	2.2	2.3	2.3
083		Ptx1	396	349	745	5,785	5,692	5,741	2.2	2.3	2.2
083		Ptx2	3	1	4	7,548	17,259	9,976	3.3	4.0	3.5
083		Ptx3	1	4	5	6,180	10,049	9,275	5.0	4.5	4.6
083		Ptx4	2		2	21,219		21,219	7.5		7.5
084	Miscellaneous Ear, Nose And Throat Procedures		96	105	201	4,148	3,497	3,808	2.6	2.5	2.6
084		Ptx1	92	102	194	4,033	3,450	3,726	2.6	2.4	2.5
084		Ptx2	5	2	7	13,703	4,228	10,996	11.6	4.0	9.4
084		Ptx3	1	2	3	1,631	15,456	10,848	1.0	22.5	15.3
084		Ptx4	1	4	5	22,824	49,726	44,346	7.0	20.3	17.6
085	Mastoid Procedures		187	176	363	10,222	13,251	11,691	1.3	1.3	1.3
085		Ptx1	140	133	273	6,164	7,702	6,913	1.0	1.0	1.0
085		Ptx2	5	2	7	18,980	10,544	16,570	3.0	7.0	4.1
085		Ptx3	3	3	6	39,369	25,127	32,248	3.3	15.0	9.2
085		Ptx4		2	2		29,016	29,016		17.0	17.0
086	Other Tonsillar Procedures		26	20	46	4,507	2,759	3,747	3.0	2.4	2.7
086		Ptx1	21	20	41	3,366	2,759	3,070	2.5	2.4	2.4
086		Ptx2	1		1	1,508		1,508	1.0		1.0
086		Ptx3	1		1	1,747		1,747	1.0		1.0
086		Ptx4	3		3	14,411		14,411	7.7		7.7
087	Sinus Procedures		40	54	94	2,373	2,225	2,288	1.0	1.0	1.0
087		Ptx1	39	54	93	2,367	2,225	2,285	1.0	1.0	1.0
087		Ptx2		1	1		15,942	15,942		6.0	6.0
087		Ptx3	2	2	4	5,859	11,098	8,479	4.0	5.0	4.5
087		Ptx4	1	1	2	8,815	7,837	8,326	8.0	4.0	6.0
088	Ethmoidectomy (MNRH)		256	185	441	2,198	2,144	2,175	1.0	1.0	1.0
088		Ptx1	256	184	440	2,198	2,143	2,175	1.0	1.0	1.0
088		Ptx2	1	1	2	4,642	2,324	3,483	4.0	1.0	2.5

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
088		Pix3		1	1		21,850	21,850		26.0	26.0
088		Pix4									
089	Dental Extraction Or Restoration (MNRH)		147	128	275	2,480	2,762	2,611	1.4	1.5	1.4
089		Pix1	144	123	267	2,460	2,748	2,593	1.3	1.5	1.4
089		Pix2	4	5	9	5,159	4,006	4,519	4.3	3.0	3.6
089		Pix3	1	1	2	2,886	3,647	3,266	1.0	1.0	1.0
089		Pix4		1	1		7,129	7,129		8.0	8.0
090	External And Middle Ear Procedures (MNRH)		100	78	178	2,085	2,055	2,072	1.0	1.0	1.0
090		Pix1	99	78	177	2,077	2,055	2,067	1.0	1.0	1.0
090		Pix2									
090		Pix3	1		1	2,892		2,892	1.0		1.0
090		Pix4									
091	Nasal Procedures (MNRH)		70	37	107	1,758	1,842	1,787	1.0	1.0	1.0
091		Pix1	70	37	107	1,758	1,842	1,787	1.0	1.0	1.0
091		Pix2	2		2	17,782		17,782	6.0		6.0
091		Pix3									
091		Pix4									
092	Myringotomy (MNRH)		24	23	47	2,170	2,013	2,093	1.4	1.1	1.3
092		Pix1	18	18	36	1,673	1,700	1,686	1.0	1.0	1.0
092		Pix2	1	2	3	5,896	3,065	4,009	7.0	2.0	3.7
092		Pix3	2	2	4	5,748	2,209	3,978	3.5	1.0	2.3
092		Pix4		1	1		8,986	8,986		6.0	6.0
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		334	327	661	1,952	2,102	2,026	1.0	1.0	1.0
093		Pix1	328	327	655	1,941	2,102	2,022	1.0	1.0	1.0
093		Pix2	6	7	13	4,827	6,925	5,957	2.7	3.9	3.3
093		Pix3	2	1	3	2,833	5,304	3,657	1.0	2.0	1.3
093		Pix4	1	2	3	42,075	23,300	29,558	13.0	7.0	9.0
100	ENT Malignancy		47	55	102	11,071	10,355	10,685	12.0	12.6	12.3
100		Pix1	30	34	64	6,686	5,771	6,200	7.3	6.8	7.0
100		Pix2	8	6	14	13,378	10,546	12,164	16.0	13.0	14.7

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
100		Ptx3	6	8	14	19,795	14,549	16,797	25.8	20.5	22.8
100		Ptx4	3	7	10	41,986	28,557	32,586	27.3	33.3	31.5
101	Acute Suppurative Infections		19	27	46	2,697	3,110	2,939	3.2	4.0	3.7
101		Ptx1	19	26	45	2,697	3,147	2,957	3.2	4.1	3.7
101		Ptx2		1	1		2,147	2,147		3.0	3.0
101		Ptx3									
101		Ptx4									
102	Dysequilibrium		255	191	446	2,481	2,499	2,489	3.6	3.8	3.7
102		Ptx1	234	176	410	2,247	2,272	2,258	3.2	3.5	3.3
102		Ptx2	12	11	23	4,856	5,558	5,192	6.8	8.5	7.6
102		Ptx3	2	1	3	5,456	3,945	4,953	6.5	6.0	6.3
102		Ptx4									
104	Influenza		228	167	395	3,143	2,584	2,906	3.2	2.7	3.0
104		Ptx1	204	150	354	3,078	2,305	2,750	3.1	2.5	2.8
104		Ptx2	13	12	25	3,971	4,319	4,138	4.1	4.8	4.4
104		Ptx3	11	7	18	4,924	6,236	5,434	4.2	6.1	4.9
104		Ptx4	5	2	7	43,511	22,870	37,614	27.6	18.0	24.9
107	Epiglottitis		27	26	53	4,475	4,626	4,549	3.3	3.0	3.2
107		Ptx1	21	20	41	3,314	3,569	3,438	2.6	2.7	2.6
107		Ptx2	1	3	4	6,683	4,257	4,863	2.0	2.0	2.0
107		Ptx3	1	1	2	2,808	13,119	7,963	3.0	4.0	3.5
107		Ptx4	3	2	5	18,079	11,510	15,451	8.3	7.5	8.0
108	Epistaxis		95	153	248	2,415	2,290	2,338	3.1	3.1	3.1
108		Ptx1	85	137	222	2,195	2,173	2,182	3.0	3.0	3.0
108		Ptx2	7	7	14	3,509	2,232	2,870	4.0	3.1	3.6
108		Ptx3	4	8	12	9,051	5,200	6,483	12.3	7.6	9.2
108		Ptx4	1	4	5	2,900	6,786	6,009	4.0	8.8	7.8
109	Other ENT Infections		72	107	179	3,077	2,660	2,828	3.6	3.4	3.4
109		Ptx1	67	100	167	2,810	2,474	2,609	3.4	3.1	3.2
109		Ptx2	4	5	9	5,904	4,964	5,382	6.0	5.8	5.9

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
109		Ptx3	1	2	3	9,663	12,680	11,674	6.0	16.0	12.7
109		Ptx4		1	1		6,020	6,020		8.0	8.0
113	Sinusitis (MNRH)		32	30	62	2,718	3,099	2,902	2.9	3.2	3.0
113		Ptx1	26	28	54	2,384	3,023	2,715	2.3	3.2	2.8
113		Ptx2	5	2	7	4,739	6,419	5,219	7.2	6.5	7.0
113		Ptx3	1		1	4,058		4,058	4.0		4.0
113		Ptx4	1	1	2	4,385	6,550	5,467	8.0	5.0	6.5
114	Sore Throat (MNRH)		127	133	260	2,323	1,872	2,092	2.5	2.4	2.4
114		Ptx1	124	128	252	2,284	1,808	2,042	2.4	2.3	2.4
114		Ptx2	1	4	5	1,897	2,404	2,303	4.0	4.3	4.2
114		Ptx3	2	2	4	4,974	5,759	5,367	6.5	3.5	5.0
114		Ptx4		1	1		10,209	10,209		8.0	8.0
115	Miscellaneous ENT Diagnoses (MNRH)		96	82	178	1,646	1,440	1,551	1.0	1.0	1.0
115		Ptx1	89	75	164	1,631	1,433	1,541	1.0	1.0	1.0
115		Ptx2	21	20	41	4,381	6,897	5,608	4.2	6.9	5.5
115		Ptx3	7	14	21	12,649	10,181	11,003	12.1	10.6	11.1
115		Ptx4	9	9	18	21,788	18,014	19,901	15.1	13.7	14.4
116	Croup (MNRH)		168	101	269	1,705	1,477	1,619	1.4	1.3	1.4
116		Ptx1	165	99	264	1,671	1,489	1,603	1.4	1.4	1.4
116		Ptx2	2	2	4	5,023	868	2,946	2.5	1.0	1.8
116		Ptx3	2	1	3	7,276	4,395	6,316	3.0	5.0	3.7
116		Ptx4	2		2	28,662		28,662	10.5		10.5
125	Tracheostomy		150	129	279	104,278	108,375	106,172	47.5	48.2	47.8
125		Ptx1	10	16	26	14,204	13,055	13,497	10.3	7.9	8.8
125		Ptx2		2	2		22,350	22,350		11.0	11.0
125		Ptx3	4	2	6	30,057	37,074	32,396	12.0	20.0	14.7
125		Ptx4	136	110	246	113,084	127,386	119,479	51.3	57.2	53.9
126	PWS - Resection Of Lung		415	342	757	10,863	10,623	10,755	6.8	6.8	6.8
126		Ptx1	293	253	546	9,525	9,858	9,679	6.0	6.2	6.1
126		Ptx2	83	54	137	12,300	12,704	12,460	8.6	8.5	8.6

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
126		Plx3	29	27	56	17,067	12,878	15,047	10.9	9.7	10.3
126		Plx4	24	20	44	31,067	27,571	29,478	18.4	17.6	18.0
127	Major Respiratory Procedures		426	453	879	13,540	13,032	13,278	10.6	10.8	10.7
127		Plx1	240	248	488	8,778	8,293	8,531	7.6	7.9	7.8
127		Plx2	80	82	162	12,373	12,143	12,257	13.1	11.8	12.5
127		Plx3	40	59	99	15,726	14,945	15,260	14.2	14.1	14.1
127		Plx4	65	66	131	35,462	36,574	36,022	17.8	19.2	18.5
128	Minor Respiratory Procedures		74	84	158	7,677	7,373	7,515	5.3	4.5	4.9
128		Plx1	54	68	122	6,941	7,205	7,088	4.5	4.1	4.3
128		Plx2	11	13	24	8,258	10,400	9,418	6.0	6.1	6.0
128		Plx3	7	3	10	9,323	6,443	8,459	10.6	10.0	10.4
128		Plx4	6	6	12	44,954	73,758	59,356	24.5	35.3	29.9
129	Other Respiratory Procedures		161	161	322	4,176	4,506	4,341	2.6	2.7	2.6
129		Plx1	127	122	249	3,241	3,363	3,301	1.4	1.3	1.4
129		Plx2	20	16	36	8,882	7,895	8,443	11.5	9.1	10.4
129		Plx3	6	7	13	6,730	8,417	7,639	9.3	11.1	10.3
129		Plx4	7	9	16	30,227	29,100	29,593	28.1	18.9	22.9
135	Tuberculosis		37	39	76	12,262	10,257	11,233	18.9	17.9	18.4
135		Plx1	28	29	57	9,585	8,551	9,059	16.4	14.9	15.6
135		Plx2	5	4	9	16,265	17,825	16,959	23.2	32.3	27.2
135		Plx3	2	4	6	24,495	10,932	15,453	30.0	19.5	23.0
135		Plx4	2	2	4	27,502	27,472	27,487	32.5	48.0	40.3
136	Respiratory Failure		365	344	709	14,290	14,628	14,454	10.4	10.2	10.3
136		Plx1	116	113	229	7,941	8,254	8,095	7.5	7.4	7.4
136		Plx2	74	54	128	9,700	8,374	9,141	9.3	8.7	9.0
136		Plx3	54	64	118	10,626	12,091	11,421	11.2	10.5	10.8
136		Plx4	127	116	243	26,355	26,781	26,558	15.2	14.6	14.9
137	Respiratory Infections And Inflammations		619	623	1,242	9,437	9,162	9,299	9.1	9.0	9.1
137		Plx1	333	312	645	6,785	5,714	6,267	7.6	7.0	7.3
137		Plx2	97	102	199	9,075	8,560	8,811	10.4	10.1	10.3

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CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
137		Pix3	98	109	207	10,805	11,569	11,207	12.0	12.1	12.1
137		Pix4	106	116	222	20,721	21,676	21,220	15.3	15.2	15.2
138	Respiratory Neoplasms		706	684	1,390	8,058	8,463	8,258	10.7	10.8	10.8
138		Pix1	308	320	628	5,964	6,544	6,259	7.9	8.4	8.2
138		Pix2	220	176	396	8,876	8,910	8,891	12.7	12.2	12.5
138		Pix3	112	121	233	10,023	10,011	10,017	13.3	12.2	12.7
138		Pix4	73	68	141	13,955	15,507	14,704	17.0	17.2	17.1
139	Interstitial Disease		141	140	281	8,001	8,314	8,157	9.3	10.0	9.6
139		Pix1	82	74	156	4,859	4,934	4,895	6.9	6.6	6.8
139		Pix2	16	20	36	7,058	8,374	7,789	10.6	12.1	11.4
139		Pix3	24	24	48	8,188	8,516	8,352	11.5	12.5	12.0
139		Pix4	18	20	38	30,000	20,184	24,834	19.4	17.6	18.4
140	Chronic Obstructive Pulmonary Disease (COPD)		1,083	617	1,700	5,926	6,328	6,072	8.1	7.9	8.0
140		Pix1	625	337	962	4,305	4,031	4,209	6.7	6.2	6.5
140		Pix2	179	95	274	6,597	7,268	6,830	9.8	10.1	9.9
140		Pix3	160	99	259	7,366	8,031	7,620	10.1	10.5	10.2
140		Pix4	156	101	257	15,840	14,343	15,252	17.2	12.7	15.4
141	Pulmonary Edema		107	94	201	10,949	13,040	11,927	6.8	7.0	6.9
141		Pix1	64	41	105	4,204	3,744	4,025	4.5	4.1	4.3
141		Pix2	8	13	21	5,076	7,278	6,439	6.3	6.8	6.6
141		Pix3	11	11	22	6,581	10,595	8,588	7.2	9.3	8.2
141		Pix4	24	32	56	34,595	35,659	35,203	14.2	12.8	13.4
142	Chronic Bronchitis		1,593	1,561	3,154	4,935	4,893	4,914	6.7	6.9	6.8
142		Pix1	1,156	1,095	2,251	3,652	3,744	3,697	5.6	5.8	5.7
142		Pix2	172	196	368	6,239	5,517	5,855	9.1	8.5	8.8
142		Pix3	165	182	347	7,531	8,184	7,874	9.2	11.0	10.2
142		Pix4	106	98	204	16,802	14,693	15,789	14.8	14.4	14.6
143	Simple Pneumonia And Pleurisy		2,781	2,896	5,677	5,087	4,989	5,037	6.0	5.9	5.9
143		Pix1	1,944	2,013	3,957	3,589	3,521	3,555	4.6	4.6	4.6
143		Pix2	401	432	833	6,640	6,347	6,488	9.0	8.5	8.8

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			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
143		Pix3	256	264	520	8,241	8,519	8,382	9.1	9.8	9.5
143		Pix4	173	225	398	19,029	18,978	19,000	14.4	14.4	14.4
144	Pneumothorax		175	156	331	3,522	3,468	3,496	4.4	4.2	4.3
144		Pix1	159	135	294	3,056	2,939	3,002	4.1	3.7	3.9
144		Pix2	12	12	24	6,628	6,665	6,646	8.5	9.1	8.8
144		Pix3	4	11	15	12,101	8,647	9,568	11.0	8.5	9.2
144		Pix4	1	2	3	17,267	25,477	22,740	8.0	19.0	15.3
145	Tracheobronchitis		797	971	1,768	3,602	3,551	3,574	3.2	3.2	3.2
145		Pix1	760	930	1,690	3,456	3,447	3,451	3.1	3.1	3.1
145		Pix2	32	44	76	8,127	6,604	7,246	7.1	6.2	6.6
145		Pix3	19	21	40	11,927	15,815	13,968	8.6	11.1	9.9
145		Pix4	21	26	47	53,197	46,510	49,498	14.1	16.7	15.5
146	Asthma		1,217	1,088	2,305	2,483	2,468	2,476	2.4	2.4	2.4
146		Pix1	1,185	1,061	2,246	2,411	2,410	2,410	2.3	2.4	2.4
146		Pix2	25	20	45	6,465	6,798	6,613	5.9	7.4	6.6
146		Pix3	21	18	39	8,059	5,214	6,746	5.6	4.2	4.9
146		Pix4	9	15	24	46,518	27,852	34,852	10.7	12.0	11.5
147	Other Respiratory Diagnoses		618	546	1,164	4,020	4,610	4,297	4.0	4.4	4.2
147		Pix1	488	406	894	3,130	3,507	3,301	3.3	3.6	3.4
147		Pix2	55	70	125	5,568	6,053	5,840	5.5	6.3	6.0
147		Pix3	49	45	94	8,836	6,953	7,934	8.7	7.3	8.0
147		Pix4	44	29	73	18,828	19,433	19,068	13.2	10.6	12.1
175	PWS - Heart Or Lung Transplant		46	67	113	77,540	81,052	79,623	31.0	29.0	29.8
175		Pix1	7	10	17	46,941	39,844	42,766	16.0	14.0	14.8
175		Pix2	6	13	19	39,555	48,368	45,585	13.8	18.8	17.2
175		Pix3	5	9	14	41,279	51,819	48,055	10.6	20.3	16.9
175		Pix4	26	40	66	98,399	134,433	120,238	39.4	52.4	47.3
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		63	56	119	41,778	49,985	45,640	23.9	25.1	24.5
176		Pix1	20	15	35	29,647	29,146	29,432	18.2	18.3	18.2

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			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
176		Ptx2	13	15	28	35,087	35,618	35,371	23.7	22.4	23.0
176		Ptx3	13	6	19	38,574	41,783	39,588	28.5	26.8	28.0
176		Ptx4	19	21	40	75,300	89,585	82,800	32.8	35.0	34.0
177	PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath		523	473	996	23,258	24,862	24,020	8.6	8.8	8.7
177		Ptx1	313	262	575	18,837	19,855	19,301	6.8	6.6	6.7
177		Ptx2	92	92	184	23,558	24,948	24,253	9.5	9.9	9.7
177		Ptx3	51	53	104	31,127	31,458	31,296	14.1	12.2	13.1
177		Ptx4	75	73	148	51,791	46,671	49,266	18.0	16.9	17.5
178	PWS - Coronary Bypass With Heart Pump With Cardiac Cath		290	321	611	30,670	32,518	31,641	17.8	17.9	17.9
178		Ptx1	74	95	169	24,711	27,389	26,217	16.5	16.0	16.2
178		Ptx2	120	111	231	26,801	28,015	27,384	16.6	17.0	16.8
178		Ptx3	46	67	113	31,730	31,669	31,694	19.2	18.9	19.0
178		Ptx4	53	52	105	53,623	60,980	57,266	23.4	25.1	24.2
179	PWS - Coronary Bypass With Heart Pump Without Cardiac Cath		1,356	1,384	2,740	16,941	18,408	17,682	7.6	7.8	7.7
179		Ptx1	750	693	1,443	14,356	15,447	14,880	6.1	6.0	6.1
179		Ptx2	333	429	762	17,737	18,561	18,201	8.5	8.6	8.6
179		Ptx3	138	153	291	21,058	23,389	22,284	9.8	11.2	10.5
179		Ptx4	135	117	252	41,703	45,522	43,476	16.6	17.3	16.9
181	PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath		31	18	49	61,558	59,134	60,668	22.6	22.2	22.4
181		Ptx1	4	2	6	17,894	14,070	16,620	10.5	10.0	10.3
181		Ptx2	9	4	13	25,850	31,259	27,514	16.7	16.0	16.5
181		Ptx3	2	5	7	20,443	33,263	29,601	9.5	19.6	16.7
181		Ptx4	16	8	24	97,699	128,092	107,830	30.6	36.3	32.5
182	PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath		287	285	572	21,840	21,822	21,831	7.5	7.4	7.4
182		Ptx1	165	158	323	16,658	16,290	16,478	6.1	5.6	5.9
182		Ptx2	52	40	92	22,033	20,261	21,262	7.4	7.0	7.2
182		Ptx3	19	32	51	19,618	23,771	22,224	8.3	8.5	8.4

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
182		Ptx4	68	62	130	52,280	48,987	50,710	16.8	15.4	16.1
183	PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath		141	114	255	21,492	18,322	20,075	9.1	7.8	8.5
183		Ptx1	44	36	80	12,479	8,636	10,750	5.0	2.9	4.1
183		Ptx2	28	19	47	19,590	13,436	17,102	9.0	7.1	8.2
183		Ptx3	24	21	45	24,421	19,494	22,122	9.7	9.4	9.6
183		Ptx4	46	41	87	31,373	36,945	33,999	14.3	15.9	15.0
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		90	91	181	15,843	18,530	17,194	10.1	10.1	10.1
184		Ptx1	46	29	75	10,251	10,174	10,221	5.4	5.0	5.2
184		Ptx2	11	26	37	16,040	16,187	16,122	11.6	9.5	10.1
184		Ptx3	12	15	27	15,440	13,117	14,150	14.2	9.8	11.7
184		Ptx4	19	21	40	35,076	37,709	36,459	19.9	19.1	19.5
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		197	218	415	37,841	32,828	35,208	10.9	9.9	10.4
185		Ptx1	94	93	187	33,385	32,745	33,067	8.8	7.1	8.0
185		Ptx2	62	58	120	37,939	26,874	32,591	11.3	9.3	10.3
185		Ptx3	32	42	74	48,365	32,364	39,283	14.9	11.7	13.1
185		Ptx4	14	27	41	59,216	47,733	51,654	28.1	20.9	23.3
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		539	673	1,212	17,757	15,041	16,249	5.4	5.5	5.4
186		Ptx1	401	480	881	15,661	13,169	14,303	3.9	4.0	4.0
186		Ptx2	82	113	195	21,522	19,166	20,156	9.5	9.1	9.3
186		Ptx3	47	61	108	26,883	19,889	22,933	11.2	10.1	10.6
186		Ptx4	19	29	48	35,780	28,788	31,586	20.8	14.0	16.7
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1,210	1,391	2,601	11,179	10,706	10,926	5.1	4.6	4.9
188		Ptx1	868	980	1,848	10,495	9,998	10,230	4.5	3.9	4.2
188		Ptx2	209	244	453	11,544	11,161	11,337	6.3	5.6	5.9
188		Ptx3	90	130	220	14,513	13,699	14,032	8.4	7.8	8.1
188		Ptx4	70	62	132	23,343	24,402	23,840	12.9	14.1	13.5
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1,076	862	1,938	7,358	7,593	7,463	1.4	1.3	1.3

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
189		Pix1	564	429	993	7,268	7,550	7,390	1.0	1.0	1.0
189		Pix2	460	415	875	8,260	8,264	8,262	2.7	2.3	2.5
189		Pix3	59	42	101	11,467	11,897	11,646	5.3	6.6	5.8
189		Pix4	5	13	18	20,176	17,875	18,515	12.6	12.4	12.4
191	Temporary Cardiac Pacemaker		10	32	42	8,283	13,970	12,616	5.4	8.9	8.1
191		Pix1	6	13	19	7,347	11,101	9,915	5.2	6.9	6.4
191		Pix2	1	3	4	5,068	10,624	9,235	5.0	6.0	5.8
191		Pix3	2	3	5	15,325	15,981	15,719	8.5	14.7	12.2
191		Pix4	1	12	13	3,034	15,975	14,980	1.0	9.1	8.5
193	Cardiac Pacemaker Device Replacement Or Revision		41	40	81	9,589	11,972	10,766	2.4	2.1	2.2
193		Pix1	32	32	64	8,344	12,199	10,271	1.6	1.6	1.6
193		Pix2	5	9	14	20,823	19,241	19,806	8.6	8.9	8.8
193		Pix3	3	3	6	22,697	14,582	18,639	10.7	8.7	9.7
193		Pix4	1	2	3	80,359	18,306	38,990	22.0	21.0	21.3
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		222	221	443	7,483	5,355	6,421	2.2	2.3	2.2
194		Pix1	175	172	347	6,523	4,142	5,343	1.3	1.3	1.3
194		Pix2	14	18	32	11,728	8,919	10,148	5.4	5.2	5.3
194		Pix3	6	6	12	12,803	9,612	11,207	6.3	5.0	5.7
194		Pix4	3	7	10	41,222	26,175	30,689	20.3	14.9	16.5
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		79	76	155	12,878	9,966	11,450	7.6	7.1	7.4
200		Pix1	17	16	33	5,823	5,346	5,592	3.4	4.9	4.1
200		Pix2	15	17	32	12,878	8,563	10,586	7.7	6.2	6.9
200		Pix3	24	21	45	10,872	11,098	10,978	8.8	7.9	8.4
200		Pix4	27	22	49	26,957	17,804	22,847	14.2	9.4	12.0
201	AMI With Cardiac Cath With Congestive Heart Failure		84	119	203	14,613	12,977	13,654	12.2	11.7	11.9
201		Pix1	55	68	123	11,686	10,691	11,136	10.6	9.8	10.1
201		Pix2	14	17	31	14,299	14,852	14,602	12.2	14.5	13.5
201		Pix3	5	22	27	13,710	14,488	14,344	9.2	12.3	11.7

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
201		Ptx4	12	11	23	38,163	20,052	29,501	25.5	16.3	21.1
202	AMI With Cardiac Cath With Ventricular Tachycardia		5	17	22	11,326	11,670	11,592	9.8	10.1	10.0
202		Ptx1	2	13	15	9,286	11,070	10,832	10.5	9.3	9.5
202		Ptx2	1		1	5,996		5,996	5.0		5.0
202		Ptx3		2	2		10,883	10,883		6.5	6.5
202		Ptx4	2	1	3	16,031	17,836	16,633	11.5	16.0	13.0
203	AMI With Cardiac Cath With Angina		27	52	79	6,508	8,386	7,744	6.7	7.5	7.2
203		Ptx1	24	46	70	6,056	8,219	7,477	6.0	7.3	6.8
203		Ptx2	3	2	5	10,125	10,147	10,134	12.0	11.5	11.8
203		Ptx3		3	3		10,641	10,641		9.3	9.3
203		Ptx4		1	1		5,805	5,805		4.0	4.0
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		404	534	938	8,020	8,739	8,429	7.9	8.1	8.0
204		Ptx1	353	477	830	7,413	8,198	7,864	7.3	7.8	7.5
204		Ptx2	27	26	53	10,756	13,037	11,875	11.7	11.7	11.7
204		Ptx3	16	19	35	11,393	12,135	11,796	10.3	13.2	11.8
204		Ptx4	8	9	15	19,753	18,269	18,863	15.2	11.0	12.7
205	AMI Without Cardiac Cath With Congestive Heart Failure		214	219	433	9,156	8,572	8,861	9.1	8.8	9.0
205		Ptx1	111	129	240	6,922	8,740	8,824	7.3	7.1	7.1
205		Ptx2	41	36	77	9,572	11,706	10,570	10.3	12.6	11.4
205		Ptx3	23	29	52	8,547	10,608	9,696	10.0	11.6	10.9
205		Ptx4	40	33	73	17,484	16,652	17,108	14.3	16.1	15.1
206	AMI Without Cardiac Cath With Ventricular Tachycardia		20	32	52	6,448	7,812	7,287	6.4	6.1	6.2
206		Ptx1	15	19	34	4,866	6,629	5,851	5.0	5.1	5.1
206		Ptx2	2	2	4	8,592	6,174	7,383	8.5	8.0	8.3
206		Ptx3	2	6	8	12,939	8,766	9,809	8.0	4.3	5.3
206		Ptx4	1	5	6	12,910	13,964	13,788	19.0	12.4	13.5
207	AMI Without Cardiac Cath With Angina		18	25	43	6,378	5,376	5,795	7.1	5.6	6.3
207		Ptx1	15	20	35	5,946	4,108	4,896	6.7	4.5	5.4
207		Ptx2		5	5		12,908	12,908		14.6	14.6

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
207		Pix3	3		3	8,537		8,537	9.0		9.0
207		Pix4		1	1		13,338	13,338		13.0	13.0
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		710	710	1,420	5,311	5,235	5,273	4.9	4.5	4.7
208		Pix1	585	587	1,172	4,781	4,828	4,804	4.6	4.3	4.4
208		Pix2	51	42	93	7,286	7,166	7,232	6.7	7.3	7.0
208		Pix3	44	58	102	5,681	6,967	6,412	5.9	6.2	6.1
208		Pix4	41	31	72	16,274	12,047	14,454	11.9	8.0	10.2
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		20	12	32	9,903	10,617	10,171	10.0	10.3	10.1
210		Pix1	13	9	22	7,595	9,315	8,299	7.7	9.1	8.3
210		Pix2	4	1	5	14,526	5,663	12,753	18.0	5.0	15.4
210		Pix3	3	1	4	13,706	27,564	17,171	12.7	26.0	16.0
210		Pix4	1	1	2	26,301	10,341	18,321	22.0	11.0	16.5
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		186	168	354	6,450	6,568	6,506	6.8	6.9	6.9
211		Pix1	173	158	331	6,413	6,313	6,365	6.8	6.8	6.8
211		Pix2	9	7	16	6,310	10,982	8,354	7.4	10.1	8.6
211		Pix3	4	2	6	8,393	10,428	9,071	7.5	6.0	7.0
211		Pix4		2	2		20,982	20,982		22.5	22.5
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		35	32	67	7,526	5,797	6,700	7.3	6.4	6.8
212		Pix1	29	27	56	6,122	4,971	5,567	6.4	6.0	6.2
212		Pix2	2	1	3	6,541	16,541	9,874	6.0	11.0	7.7
212		Pix3	1	5	6	7,611	11,996	11,268	10.0	13.0	12.5
212		Pix4	2	4	6	13,451	25,961	21,791	21.5	32.8	29.0
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		362	306	668	3,265	3,432	3,342	3.4	3.7	3.5
213		Pix1	336	289	625	3,146	3,331	3,231	3.3	3.6	3.4
213		Pix2	21	17	38	4,983	5,582	5,251	5.5	6.8	6.1
213		Pix3	10	3	13	10,879	16,318	12,134	14.2	16.0	14.6
213		Pix4	5	4	9	8,558	8,242	8,418	7.0	5.5	6.3

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
215	Cardiac Cath With Congestive Heart Failure		231	217	448	11,652	11,575	11,615	12.7	12.2	12.4
215		Ptx1	153	166	319	9,359	9,756	9,565	10.8	11.2	10.9
215		Ptx2	30	24	54	12,197	13,265	12,671	14.2	14.7	14.4
215		Ptx3	29	11	40	14,111	14,191	14,133	14.5	10.7	13.5
215		Ptx4	16	19	35	26,390	29,394	28,021	21.5	25.4	23.6
216	Cardiac Cath With Ventricular Tachycardia		111	94	205	9,044	9,461	9,235	9.4	9.0	9.2
216		Ptx1	102	77	179	8,572	8,021	8,335	9.2	8.5	8.9
216		Ptx2	2	11	13	9,891	10,805	10,665	9.0	10.2	10.0
216		Ptx3	3	4	7	8,252	12,239	10,531	10.7	11.8	11.3
216		Ptx4	4	3	7	21,244	42,852	30,505	13.5	27.0	19.3
217	Cardiac Cath With Unstable Angina		164	317	481	5,742	6,597	6,305	6.7	7.0	6.9
217		Ptx1	155	287	442	5,578	6,205	5,965	6.5	6.6	6.5
217		Ptx2	5	17	22	7,643	8,584	8,370	9.8	9.4	9.5
217		Ptx3	4	4	8	13,081	11,710	12,395	14.8	10.8	12.8
217		Ptx4	1	6	7	5,982	13,114	12,095	7.0	13.3	12.4
218	Cardiac Cath Without Specified Cardiac Conditions		743	720	1,463	4,693	5,164	4,925	4.9	4.7	4.8
218		Ptx1	704	696	1,400	4,542	5,034	4,787	4.7	4.6	4.6
218		Ptx2	25	17	42	7,586	9,028	8,170	8.4	9.0	8.6
218		Ptx3	14	6	20	8,223	9,141	8,498	8.5	12.3	9.7
218		Ptx4	6	3	9	13,091	9,795	11,992	18.0	13.3	16.4
219	Endocarditis		53	67	120	15,482	15,052	15,242	17.3	17.7	17.5
219		Ptx1	32	22	54	9,846	9,304	9,625	13.9	14.4	14.1
219		Ptx2	7	2	9	14,133	10,814	13,395	17.9	15.5	17.3
219		Ptx3	4	20	24	13,062	12,398	12,509	9.5	13.4	12.7
219		Ptx4	10	22	32	35,430	22,520	26,555	31.2	23.3	25.8
220	Pulmonary Embolism		541	443	984	5,255	5,319	5,284	6.8	6.9	6.9
220		Ptx1	335	269	604	4,182	4,178	4,181	5.8	5.9	5.8
220		Ptx2	130	110	240	5,280	6,267	5,732	7.2	7.9	7.5
220		Ptx3	48	46	94	10,595	8,176	9,411	13.6	11.3	12.5
220		Ptx4	35	22	57	13,469	13,130	13,338	12.6	12.3	12.5

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
222	Heart Failure		1,792	1,726	3,518	6,373	6,101	6,240	8.7	8.4	8.6
222		Pix1	1,122	1,108	2,230	4,859	4,746	4,803	7.0	6.9	7.0
222		Pix2	335	297	632	7,678	7,185	7,447	11.3	10.7	11.0
222		Pix3	214	208	422	10,420	9,764	10,096	14.9	13.5	14.2
222		Pix4	179	181	360	15,873	18,160	17,023	17.6	21.6	19.6
225	Hypertensive Heart Disease		26	34	60	6,126	6,075	6,097	8.4	8.4	8.4
225		Pix1	8	10	18	4,786	5,941	5,428	6.3	7.1	6.7
225		Pix2	12	18	30	4,962	5,369	5,206	7.8	8.1	8.0
225		Pix3	5	5	10	10,261	10,581	10,421	14.0	12.8	13.4
225		Pix4	2	1	3	23,668	10,798	19,378	28.0	11.0	22.3
226	Other Circulatory Diagnoses		478	477	955	5,285	4,931	5,108	5.7	5.1	5.4
226		Pix1	316	330	646	3,993	3,823	3,906	4.5	4.1	4.3
226		Pix2	98	98	196	6,674	6,452	6,563	8.1	7.3	7.7
226		Pix3	48	39	87	10,855	10,751	10,808	12.0	10.1	11.2
226		Pix4	35	27	62	18,222	16,325	17,396	15.2	16.8	15.9
229	Atherosclerosis (MNRH)		340	503	843	4,346	4,224	4,273	5.2	5.1	5.1
229		Pix1	250	386	636	3,177	3,507	3,377	3.9	4.3	4.1
229		Pix2	54	64	118	7,023	6,067	6,505	8.8	7.6	8.2
229		Pix3	27	41	68	11,773	10,194	10,820	12.1	12.0	12.0
229		Pix4	17	15	32	16,015	16,206	16,104	14.9	17.5	16.1
232	Acquired Valvular Disorders (MNRH)		63	54	117	6,190	4,636	5,473	7.2	5.9	6.6
232		Pix1	41	28	69	5,165	4,191	4,770	6.6	5.6	6.2
232		Pix2	15	20	35	5,593	4,825	5,154	6.0	5.8	5.9
232		Pix3	3	8	11	10,971	14,249	13,355	24.7	22.6	23.2
232		Pix4	7	4	11	28,208	33,904	30,279	25.9	31.0	27.7
233	Hypertension (MNRH)		109	126	235	3,178	2,912	3,036	4.1	3.8	3.9
233		Pix1	90	107	197	2,946	2,719	2,823	3.7	3.6	3.7
233		Pix2	13	14	27	4,577	4,649	4,614	5.6	5.1	5.4
233		Pix3	4	6	10	2,196	6,591	4,833	3.5	6.8	5.5
233		Pix4	2	4	6	11,353	11,119	11,197	19.5	15.0	16.5

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
234	Congenital Cardiac Disorders (MNRH)		15	20	35	8,104	7,901	7,988	5.3	5.0	5.1
234		Pix1	10	10	20	6,197	3,927	5,062	2.9	3.8	3.4
234		Pix2	3	7	10	8,143	9,416	9,034	7.0	7.6	7.4
234		Pix3		1	1		11,912	11,912		17.0	17.0
234		Pix4	3	2	5	70,783	27,038	53,285	22.3	3.0	14.6
235	Angina Pectoris		79	122	201	2,799	2,387	2,549	3.3	2.9	3.1
235		Pix1	74	111	185	2,688	2,239	2,418	3.2	2.7	2.9
235		Pix2	5	11	16	5,578	4,373	4,749	7.8	5.0	5.9
235		Pix3	1	3	4	5,848	6,825	6,580	6.0	13.3	11.5
235		Pix4									
237	Arrhythmia		951	1,113	2,064	4,166	4,084	4,122	4.8	4.8	4.8
237		Pix1	719	820	1,539	3,548	3,285	3,408	4.0	3.7	3.9
237		Pix2	165	193	358	5,474	5,861	5,683	6.9	7.8	7.4
237		Pix3	58	79	137	8,486	8,536	8,515	10.3	9.5	9.8
237		Pix4	32	32	64	18,297	11,930	15,114	20.3	12.8	16.5
240	Syncope And Collapse		297	284	581	3,244	3,016	3,132	4.3	4.1	4.2
240		Pix1	266	255	521	3,058	2,903	2,982	4.0	3.9	4.0
240		Pix2	25	23	48	5,297	5,136	5,220	8.1	8.1	8.1
240		Pix3	15	15	30	8,068	8,617	8,342	11.7	11.7	11.7
240		Pix4	3	1	4	9,353	19,606	11,916	13.3	14.0	13.5
242	Chest Pain		931	986	1,917	2,248	2,436	2,345	2.5	2.6	2.6
242		Pix1	898	938	1,836	2,222	2,389	2,307	2.5	2.5	2.5
242		Pix2	31	45	76	3,668	4,127	3,940	4.5	4.9	4.7
242		Pix3	10	20	30	5,160	6,456	6,024	6.5	7.4	7.1
242		Pix4	3	2	5	11,208	8,168	9,992	18.0	12.5	15.8
250	Extensive Gastrointestinal Procedures		73	70	143	23,085	23,423	23,251	15.5	14.8	15.1
250		Pix1	34	29	63	16,749	13,489	15,248	11.7	9.3	10.6
250		Pix2	11	10	21	20,094	21,428	20,729	14.2	13.4	13.8
250		Pix3	13	9	22	28,506	24,643	26,926	18.2	17.3	17.9
250		Pix4	16	23	39	38,361	43,166	41,195	24.3	25.2	24.8

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
251	Gastrostomy And Colostomy Procedures		852	1,022	1,874	18,782	19,032	18,919	15.5	15.5	15.5
251		Ptx1	452	537	989	11,567	12,325	11,979	10.6	11.2	10.9
251		Ptx2	91	115	206	17,224	16,378	16,752	15.4	15.6	15.5
251		Ptx3	128	140	268	19,694	18,431	19,034	17.6	16.9	17.2
251		Ptx4	202	273	475	51,015	52,915	52,107	35.4	36.2	35.9
252	Major Esophageal, Stomach And Duodenum Procedures		53	67	120	14,585	20,125	17,678	13.1	13.9	13.6
252		Ptx1	34	39	73	11,858	12,677	12,296	11.0	11.0	11.0
252		Ptx2	9	6	15	16,515	13,662	15,374	13.7	12.3	13.1
252		Ptx3	2	6	8	15,280	15,342	15,326	15.0	11.7	12.5
252		Ptx4	10	17	27	49,258	45,659	46,992	31.2	24.6	27.0
253	Major Intestinal And Rectal Procedures		1,308	1,394	2,702	11,709	11,628	11,667	10.5	10.4	10.4
253		Ptx1	885	925	1,810	9,329	9,589	9,462	8.8	8.9	8.9
253		Ptx2	137	124	261	14,103	12,667	13,421	13.2	12.4	12.8
253		Ptx3	143	178	321	15,143	13,587	14,280	14.1	12.5	13.2
253		Ptx4	181	197	378	31,037	28,798	29,870	21.5	20.9	21.2
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		547	542	1,089	8,073	8,027	8,050	6.6	6.5	6.5
255		Ptx1	440	433	873	7,251	7,068	7,160	5.9	5.7	5.8
255		Ptx2	42	46	88	10,966	11,807	11,405	8.6	9.2	8.9
255		Ptx3	48	40	88	11,953	9,843	10,994	10.5	9.7	10.1
255		Ptx4	38	34	72	27,636	22,493	25,208	17.8	14.8	16.3
258	Laparotomy		463	521	984	8,327	8,244	8,283	7.8	7.5	7.7
258		Ptx1	347	382	729	6,845	6,398	6,611	6.7	6.2	6.4
258		Ptx2	53	58	111	13,160	12,028	12,568	12.7	11.6	12.2
258		Ptx3	45	45	90	14,841	14,182	14,512	13.8	14.0	13.9
258		Ptx4	30	49	79	22,980	23,951	23,583	17.5	17.0	17.2
260	Less Extensive Intestinal And Rectal Procedures		162	152	314	3,029	3,295	3,158	2.8	3.1	2.9
260		Ptx1	151	140	291	2,859	3,084	2,967	2.6	2.9	2.7
260		Ptx2	8	7	15	7,002	6,774	6,896	6.5	8.4	7.4
260		Ptx3	4	8	12	3,638	5,590	4,939	4.0	6.6	5.8
260		Ptx4	2	3	5	26,027	48,488	39,503	25.5	36.3	32.0

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
261	Complicated Appendectomy		573	587	1,160	5,362	4,831	5,093	4.8	4.5	4.7
261		Ptx1	483	519	1,002	4,775	4,552	4,689	4.2	4.2	4.2
261		Ptx2	26	25	51	8,575	8,180	8,381	8.2	8.0	8.1
261		Ptx3	32	30	62	6,853	5,877	6,381	6.5	6.2	6.3
261		Ptx4	16	7	23	10,552	6,876	9,433	8.1	6.3	7.5
262	Simple Appendectomy		1,456	1,298	2,754	2,935	3,021	2,975	2.2	2.3	2.3
262		Ptx1	1,440	1,278	2,718	2,920	2,994	2,955	2.2	2.3	2.2
262		Ptx2	11	14	25	4,889	5,694	5,340	4.5	4.1	4.3
262		Ptx3	11	15	26	5,489	5,755	5,643	5.1	5.7	5.4
262		Ptx4	4	2	6	11,366	9,712	10,814	10.8	7.5	9.7
264	Minor Gastrointestinal Procedures		62	68	130	4,932	4,408	4,658	3.0	2.9	3.0
264		Ptx1	53	62	115	4,904	4,102	4,472	2.9	2.8	2.9
264		Ptx2	7	5	12	5,044	6,989	5,854	3.6	4.6	4.0
264		Ptx3	3		3	8,738		8,738	7.0		7.0
264		Ptx4	1	2	3	10,568	8,525	9,206	9.0	5.0	6.3
265	Abdominal Laparoscopy		46	38	84	3,352	2,982	3,185	2.8	2.4	2.6
265		Ptx1	43	37	80	3,436	2,890	3,183	2.9	2.3	2.6
265		Ptx2	2		2	1,481		1,481	1.5		1.5
265		Ptx3		1	1		6,407	6,407		5.0	5.0
265		Ptx4	2		2	13,249		13,249	23.0		23.0
266	Anus And Stomal Procedures (MNRH)		389	276	665	2,612	2,488	2,561	2.2	2.2	2.2
266		Ptx1	376	265	641	2,562	2,448	2,515	2.2	2.1	2.1
266		Ptx2	12	10	22	4,258	4,550	4,391	4.6	6.1	5.3
266		Ptx3	7	5	12	9,705	3,925	7,297	11.4	6.0	9.2
266		Ptx4	10	1	11	41,515	26,885	40,185	38.4	48.0	39.3
269	Bilateral Hernia Procedures		926	813	1,739	3,324	3,360	3,341	2.4	2.4	2.4
269		Ptx1	881	771	1,652	3,233	3,237	3,234	2.3	2.3	2.3
269		Ptx2	34	30	64	5,973	5,898	5,938	5.2	5.1	5.2
269		Ptx3	18	17	35	6,231	7,076	6,642	5.3	6.6	5.9
269		Ptx4	6	8	14	15,737	14,813	15,209	10.0	11.6	10.9

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
271	Unilateral Hernia Procedures (MNRH)		244	272	516	2,478	2,417	2,446	1.7	1.6	1.7
271		Pix1	238	266	504	2,441	2,401	2,420	1.7	1.6	1.6
271		Pix2	10	11	21	6,921	5,829	6,349	7.4	5.4	6.3
271		Pix3	5	5	10	9,743	11,970	10,856	6.2	11.6	8.9
271		Pix4	3	6	9	37,910	10,256	19,474	20.3	9.7	13.2
279	Digestive System Malignancy		389	384	773	6,742	6,709	6,725	9.3	9.3	9.3
279		Pix1	226	232	458	5,061	4,951	5,005	7.1	6.9	7.0
279		Pix2	82	74	156	7,795	8,324	8,046	11.0	12.8	11.8
279		Pix3	46	39	85	8,344	7,784	8,087	11.2	10.3	10.8
279		Pix4	34	41	75	13,965	15,308	14,699	18.0	17.9	17.9
281	G.I. Hemorrhage		1,149	1,175	2,324	3,663	3,576	3,619	4.5	4.5	4.5
281		Pix1	934	921	1,855	3,119	2,883	3,002	4.0	3.7	3.9
281		Pix2	105	116	221	6,076	5,545	5,797	7.6	6.9	7.3
281		Pix3	78	78	156	7,817	7,271	7,544	9.7	8.3	9.0
281		Pix4	47	58	105	11,663	10,722	11,143	10.9	10.3	10.6
285	Complicated Ulcer		91	100	191	3,773	4,116	3,953	5.3	5.6	5.4
285		Pix1	77	80	157	3,423	3,802	3,616	4.9	5.1	5.0
285		Pix2	9	12	21	12,670	7,025	9,444	19.4	11.5	14.9
285		Pix3	7	8	15	5,334	4,446	4,860	7.3	6.1	6.7
285		Pix4	4	3	7	7,752	21,829	13,785	10.5	17.3	13.4
286	Uncomplicated Ulcer		94	111	205	3,459	3,144	3,288	4.6	4.2	4.4
286		Pix1	79	92	171	3,063	2,789	2,915	4.0	3.7	3.8
286		Pix2	7	10	17	3,829	4,354	4,138	5.4	5.4	5.4
286		Pix3	5	5	10	5,480	4,342	4,911	8.6	5.8	7.2
286		Pix4		1	1		16,359	16,359		16.0	16.0
289	Inflammatory Bowel Disease		409	477	886	3,681	3,212	3,429	5.4	5.2	5.3
289		Pix1	382	439	821	3,739	3,226	3,465	5.5	5.3	5.4
289		Pix2	16	19	35	5,795	4,085	4,866	9.5	5.8	7.5
289		Pix3	21	29	50	4,996	5,463	5,267	7.7	9.3	8.6
289		Pix4	4	8	12	16,482	20,789	19,353	22.3	27.4	25.7

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
290	G.I. Obstruction		917	904	1,821	2,986	2,912	2,949	4.3	4.3	4.3
290		Pix1	820	802	1,622	2,667	2,609	2,638	3.8	3.9	3.9
290		Pix2	50	54	104	5,223	4,725	4,965	7.0	6.5	6.8
290		Pix3	26	30	56	8,319	7,593	7,930	12.3	10.5	11.4
290		Pix4	20	15	35	12,024	12,467	12,214	14.5	13.8	14.2
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		3,538	4,031	7,569	2,726	2,613	2,666	3.7	3.6	3.7
294		Pix1	3,100	3,514	6,614	2,433	2,263	2,342	3.3	3.1	3.2
294		Pix2	217	268	485	4,461	4,657	4,569	6.5	6.5	6.5
294		Pix3	139	157	296	5,328	6,513	5,957	7.2	8.6	7.9
294		Pix4	80	83	163	13,926	13,070	13,490	17.1	16.2	16.7
297	Other G.I. Diagnoses		998	961	1,959	3,509	3,324	3,418	4.4	4.2	4.3
297		Pix1	838	822	1,660	2,926	2,734	2,831	3.9	3.6	3.7
297		Pix2	71	56	127	6,763	6,742	6,754	8.9	8.1	8.5
297		Pix3	63	50	113	6,800	7,070	6,920	8.2	8.4	8.3
297		Pix4	38	42	80	14,104	14,120	14,113	13.4	13.5	13.4
310	PWS - Liver Transplant		58	59	117	53,195	47,886	50,518	23.0	17.5	20.2
310		Pix1	8	9	17	28,361	30,165	29,316	10.8	11.0	10.9
310		Pix2	4	10	14	27,821	33,360	31,777	11.0	11.5	11.4
310		Pix3	7	10	17	33,120	38,354	36,199	14.6	16.8	15.9
310		Pix4	39	35	74	64,494	81,128	72,362	28.2	29.9	29.0
311	Major Pancreatic Procedures		159	179	338	21,894	21,493	21,682	16.0	16.8	16.4
311		Pix1	77	81	158	14,935	13,880	14,394	11.7	11.1	11.4
311		Pix2	29	37	66	20,283	17,153	18,528	14.5	15.0	14.8
311		Pix3	23	22	45	26,261	26,552	26,403	22.1	26.7	24.4
311		Pix4	38	42	80	47,819	52,245	50,143	35.7	33.6	34.6
312	Major Hepatobiliary Procedures		119	120	239	14,020	14,840	14,431	8.6	9.0	8.8
312		Pix1	85	72	157	12,428	13,399	12,873	7.7	7.8	7.8
312		Pix2	15	20	35	14,807	14,213	14,468	8.3	8.8	8.6
312		Pix3	8	20	28	16,611	19,169	18,438	13.1	13.5	13.4
312		Pix4	15	17	32	35,826	35,964	35,900	21.4	22.7	22.1

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
313	Common Duct Exploration		31	25	56	10,668	13,602	11,978	13.0	13.6	13.3
313		Plx1	19	15	34	8,310	10,367	9,217	9.1	9.7	9.4
313		Plx2	4	3	7	13,629	11,194	12,585	15.5	15.3	15.4
313		Plx3	3	3	6	10,551	13,093	11,822	15.0	14.3	14.7
313		Plx4	3	3	6	12,262	24,515	18,388	16.7	22.7	19.7
314	Other Hepatobiliary And Pancreatic Procedures		141	111	252	10,434	11,991	11,120	9.1	10.6	9.8
314		Plx1	95	60	155	8,247	8,345	8,285	7.7	7.8	7.7
314		Plx2	21	18	39	10,449	13,174	11,707	11.0	11.1	11.0
314		Plx3	12	12	24	13,864	12,981	13,422	12.6	13.8	13.2
314		Plx4	16	24	40	26,912	22,741	24,410	19.6	19.6	19.6
315	Cholecystectomy		225	271	496	8,293	8,374	8,337	7.6	7.3	7.4
315		Plx1	145	173	318	7,142	7,158	7,151	6.3	6.2	6.2
315		Plx2	49	45	94	8,875	8,291	8,596	8.5	7.6	8.1
315		Plx3	23	35	58	12,351	11,276	11,702	12.8	9.9	11.1
315		Plx4	12	18	30	26,062	17,844	21,131	23.8	15.3	18.7
317	Laparoscopic Cholecystectomy		912	1,311	2,223	3,845	3,524	3,656	2.9	2.7	2.8
317		Plx1	777	1,115	1,892	3,612	3,339	3,451	2.7	2.4	2.5
317		Plx2	143	220	363	5,666	5,617	5,636	5.5	5.5	5.5
317		Plx3	29	46	75	7,934	7,857	7,887	8.1	7.7	7.9
317		Plx4	17	19	36	12,993	14,965	14,034	12.4	14.9	13.7
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		62	54	116	11,233	13,478	12,278	8.8	9.3	9.3
320		Plx1	41	26	67	6,083	8,465	7,007	5.8	6.1	5.9
320		Plx2	8	3	11	10,010	17,824	12,141	10.3	12.7	10.9
320		Plx3	3	13	16	22,881	16,025	17,310	17.3	12.8	13.6
320		Plx4	10	11	21	37,426	25,519	31,189	22.7	16.6	19.6
323	Cirrhosis And Alcoholic Hepatitis		253	259	512	7,322	6,744	7,030	8.8	8.4	8.6
323		Plx1	85	75	160	4,082	3,634	3,872	6.1	4.6	5.4
323		Plx2	69	83	152	4,980	5,657	5,350	7.3	8.2	7.8
323		Plx3	50	45	95	8,704	6,854	7,828	12.3	10.1	11.3
323		Plx4	51	59	110	18,204	14,877	16,420	15.4	14.9	15.1

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		387	352	739	7,525	7,224	7,382	10.4	10.1	10.3
324		Ptx1	185	180	365	5,776	6,172	5,971	8.4	9.1	8.8
324		Ptx2	96	79	175	7,038	6,503	6,796	10.3	8.9	9.7
324		Ptx3	59	50	109	10,103	8,719	9,468	12.9	11.3	12.1
324		Ptx4	47	41	88	12,534	11,131	11,881	15.7	14.8	15.2
325	Pancreas Diseases Except Malignancy		851	840	1,691	3,619	3,469	3,545	5.2	5.2	5.2
325		Ptx1	696	686	1,382	3,106	3,018	3,063	4.8	4.7	4.7
325		Ptx2	90	101	191	4,992	5,080	5,039	7.0	7.3	7.2
325		Ptx3	50	51	101	8,603	8,707	8,656	11.2	11.9	11.5
325		Ptx4	44	39	83	19,584	18,906	19,266	15.5	15.5	15.5
326	Liver Diseases Except Cirrhosis Or Cancer		380	378	758	7,915	6,254	7,087	7.8	7.4	7.6
326		Ptx1	193	199	392	4,108	3,687	3,894	5.3	5.1	5.2
326		Ptx2	75	80	155	6,049	6,313	6,185	7.6	9.1	8.4
326		Ptx3	41	48	89	10,029	8,980	9,463	11.8	12.1	12.0
326		Ptx4	74	58	132	24,594	17,846	21,629	15.0	14.4	14.7
329	Biliary Tract Diseases		514	488	1,002	3,302	3,097	3,202	4.3	4.1	4.2
329		Ptx1	376	348	724	2,573	2,499	2,538	3.6	3.3	3.5
329		Ptx2	48	55	103	5,214	5,602	5,421	6.9	7.3	7.2
329		Ptx3	72	79	151	4,946	4,308	4,613	5.5	5.9	5.7
329		Ptx4	21	27	48	14,020	15,472	14,837	13.3	15.9	14.8
350	Multiple Or Bilateral Joint Replacement		51	45	96	14,616	15,704	15,126	8.5	10.2	9.3
350		Ptx1	36	27	63	12,522	12,688	12,593	6.4	7.3	6.7
350		Ptx2	6	7	13	15,730	17,595	16,734	9.2	10.3	9.8
350		Ptx3	3	5	8	14,341	17,866	16,544	6.0	12.8	10.3
350		Ptx4	3	5	8	66,437	56,875	60,461	76.0	58.0	64.8
351	Joint Replacement For Trauma		609	565	1,174	14,997	13,470	14,262	14.3	12.7	13.5
351		Ptx1	375	353	728	11,243	10,669	10,965	10.5	9.9	10.2
351		Ptx2	87	111	198	18,738	15,966	17,184	21.3	16.5	18.6
351		Ptx3	60	55	115	18,631	22,136	20,307	18.7	22.3	20.4
351		Ptx4	87	62	149	29,652	29,233	29,478	27.0	30.6	28.5

N/A -- Not applicable
Prepared by: Health Authority Reporting and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
352	Hip Replacement		1,520	1,449	2,969	9,829	10,366	10,091	6.2	6.5	6.4
352		Pix1	1,336	1,229	2,565	9,516	9,982	9,739	5.9	6.1	6.0
352		Pix2	104	123	227	12,488	12,279	12,374	9.3	8.8	9.0
352		Pix3	50	64	114	13,534	13,431	13,476	8.8	10.0	9.5
352		Pix4	26	33	59	16,750	16,739	16,744	13.6	12.2	12.8
354	Knee Replacement		1,691	1,554	3,245	8,493	8,779	8,630	5.7	5.9	5.8
354		Pix1	1,580	1,396	2,976	8,413	8,616	8,508	5.6	5.8	5.7
354		Pix2	85	103	188	10,169	10,759	10,492	7.6	7.9	7.8
354		Pix3	40	64	104	12,025	11,514	11,710	9.9	8.8	9.2
354		Pix4	15	36	51	17,513	13,906	14,967	14.1	12.1	12.7
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		55	67	122	8,630	10,634	9,730	8.0	9.4	8.8
355		Pix1	39	40	79	6,113	5,612	5,859	6.2	5.0	5.5
355		Pix2	10	12	22	14,123	14,793	14,489	16.9	15.6	16.2
355		Pix3	7	5	12	14,711	15,880	15,198	15.9	13.4	14.8
355		Pix4	8	11	19	75,759	29,795	49,148	58.4	25.4	39.3
356	Repair Hip And Femur Procedures		168	151	319	9,330	8,818	9,087	7.0	6.7	6.9
356		Pix1	137	123	260	7,951	7,201	7,596	5.5	5.0	5.3
356		Pix2	11	17	28	17,097	14,702	15,643	15.9	14.2	14.9
356		Pix3	10	9	19	17,379	17,339	17,360	15.0	15.1	15.1
356		Pix4	12	2	14	19,763	24,876	20,493	20.8	20.0	20.6
358	Lower Extremity Procedures With Infection		85	85	170	8,395	8,403	8,399	9.0	7.8	8.4
358		Pix1	69	68	137	7,468	7,150	7,310	7.8	6.4	7.1
358		Pix2	11	10	21	12,204	8,980	10,669	13.7	8.5	11.2
358		Pix3	3	4	7	41,379	24,382	31,666	38.0	29.3	33.0
358		Pix4	5	5	10	20,573	26,165	23,369	22.4	26.2	24.3
359	Upper Extremity Procedures With Infection		36	35	71	7,074	8,800	7,925	6.8	9.5	8.1
359		Pix1	34	30	64	6,595	7,350	6,949	6.1	8.1	7.0
359		Pix2	1	3	4	21,001	16,197	17,398	24.0	13.3	16.0
359		Pix3		2	2		65,383	65,383		68.5	68.5

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
359		Pix4	2	1	3	27,370	19,476	24,739	30.5	19.0	26.7
360	Upper Extremity Amputations And Revisions		45	53	98	10,622	12,744	11,770	10.4	9.2	9.8
360		Pix1	31	37	68	8,621	8,499	8,555	8.7	6.7	7.6
360		Pix2	4	8	12	16,093	12,644	13,794	20.0	16.5	17.7
360		Pix3	5	3	8	10,154	19,104	13,510	8.0	12.3	9.6
360		Pix4	9	5	14	31,319	36,996	33,346	30.8	18.0	26.2
361	Musculoskeletal Biopsy For Malignancy		31	36	67	19,255	13,241	16,024	15.9	13.6	14.7
361		Pix1	22	26	48	15,809	9,653	12,474	12.8	7.8	10.1
361		Pix2	2	7	9	9,277	20,302	17,852	8.5	24.6	21.0
361		Pix3	1	3	4	36,785	34,561	35,117	41.0	40.0	40.3
361		Pix4	6		6	32,297		32,297	25.7		25.7
362	Musculoskeletal Biopsy Without Malignancy		65	66	131	11,508	11,016	11,260	14.6	10.9	12.7
362		Pix1	39	48	87	6,968	6,586	6,757	8.3	6.8	7.5
362		Pix2	9	5	14	15,204	10,421	13,496	23.0	14.2	19.9
362		Pix3	10	5	15	17,517	18,821	17,952	20.0	27.0	22.3
362		Pix4	5	11	16	34,857	51,390	46,224	34.2	40.2	38.3
363	Back And Neck Procedures With Fusion		737	949	1,686	11,207	9,178	10,064	5.2	4.9	5.0
363		Pix1	644	826	1,470	10,185	8,716	9,360	4.7	4.5	4.6
363		Pix2	61	95	156	17,189	12,513	14,341	9.1	8.0	8.4
363		Pix3	39	31	70	26,169	15,869	21,608	14.5	9.6	12.3
363		Pix4	29	21	50	49,214	39,155	44,989	24.2	21.8	23.2
365	Back And Neck Procedures Without Fusion		984	745	1,729	4,562	5,128	4,806	2.7	2.8	2.7
365		Pix1	913	691	1,604	4,239	4,860	4,506	2.4	2.5	2.4
365		Pix2	37	33	70	9,617	8,761	9,213	6.6	5.7	6.2
365		Pix3	9	5	14	10,894	8,194	9,930	10.1	7.8	9.3
365		Pix4	8	6	14	21,311	24,230	22,562	13.4	22.3	17.2
367	Shoulder Arthroplasty		109	92	201	7,484	7,366	7,430	3.5	3.3	3.4
367		Pix1	103	83	186	7,341	7,179	7,269	3.2	3.0	3.1
367		Pix2	2	5	7	9,526	8,581	8,851	6.0	4.4	4.9
367		Pix3		2	2		7,290	7,290		5.5	5.5

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
367		Pix4		2	2		12,292	12,292		9.0	9.0
368	Major Hip And Knee Procedures		24	20	44	5,746	5,367	5,574	4.3	4.1	4.2
368		Pix1	24	18	42	5,746	5,090	5,465	4.3	4.0	4.2
368		Pix2		2	2		7,862	7,862		5.0	5.0
368		Pix3		2	2		29,113	29,113		38.0	38.0
368		Pix4									
369	Major Lower Extremity Procedures		277	299	576	5,730	5,590	5,657	3.1	3.1	3.1
369		Pix1	268	297	565	5,621	5,608	5,614	3.1	3.3	3.2
369		Pix2	13	7	20	11,139	9,057	10,410	7.2	4.6	6.3
369		Pix3	1	6	7	7,329	11,534	10,933	6.0	6.7	6.6
369		Pix4		1	1		43,796	43,796		44.0	44.0
372	Major Upper Extremity Procedures		136	160	296	4,636	4,915	4,787	1.9	2.3	2.2
372		Pix1	127	139	266	4,309	4,247	4,277	1.7	1.9	1.8
372		Pix2	1	3	4	16,304	10,006	11,581	12.0	9.0	9.8
372		Pix3		2	2		8,178	8,178		2.5	2.5
372		Pix4		1	1		46,826	46,826		56.0	56.0
374	Minor Lower Extremity Procedures		391	648	1,039	3,581	3,361	3,444	1.9	1.8	1.8
374		Pix1	388	642	1,030	3,567	3,351	3,432	1.9	1.8	1.8
374		Pix2	4	8	12	6,834	5,584	6,001	4.5	4.3	4.3
374		Pix3	2	3	5	6,969	7,524	7,302	8.5	4.7	6.2
374		Pix4		1	1		19,428	19,428		14.0	14.0
375	Minor Upper Extremity Procedures		250	677	927	2,793	2,449	2,542	1.0	1.0	1.0
375		Pix1	249	677	926	2,791	2,449	2,541	1.0	1.0	1.0
375		Pix2	3	7	10	7,038	5,089	5,674	6.0	3.7	4.4
375		Pix3		2	2		4,679	4,679		3.5	3.5
375		Pix4	1	1	2	132,394	24,249	78,322	89.0	19.0	54.0
376	Miscellaneous Musculoskeletal Procedures		133	170	303	6,705	7,678	7,251	2.9	3.4	3.2
376		Pix1	128	160	288	6,342	7,176	6,805	2.7	3.1	2.9
376		Pix2	4	6	10	22,457	16,983	19,173	13.3	7.2	9.6
376		Pix3	2	3	5	29,057	13,345	19,630	12.5	5.7	8.4

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
376		Pix4	4	7	11	57,935	59,476	58,916	20.3	27.1	24.6
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		166	167	333	8,179	7,883	8,031	5.8	6.2	6.0
377		Pix1	135	133	268	6,039	5,175	5,610	3.8	3.7	3.8
377		Pix2	11	14	25	16,868	14,783	15,701	11.8	13.1	12.6
377		Pix3	11	7	18	15,274	15,591	15,398	10.5	12.6	11.3
377		Pix4	11	13	24	76,209	74,976	75,541	52.6	39.2	45.4
378	Soft Tissue Procedures (MNRH)		66	65	131	5,390	6,782	6,081	3.6	5.0	4.3
378		Pix1	55	53	108	4,585	5,282	4,927	2.8	3.9	3.3
378		Pix2	4	3	7	8,116	7,534	7,867	8.5	6.7	7.7
378		Pix3	6	4	10	9,575	13,292	11,062	7.0	11.3	8.7
378		Pix4	2	5	7	21,303	17,326	18,462	21.0	12.4	14.9
379	Other Musculoskeletal Procedures (MNRH)		503	495	998	4,209	3,837	4,025	2.1	2.1	2.1
379		Pix1	453	441	894	3,360	3,079	3,221	1.7	1.7	1.7
379		Pix2	11	12	23	16,345	11,682	13,912	5.9	6.3	6.1
379		Pix3	5	10	15	19,996	18,277	18,850	14.0	10.7	11.8
379		Pix4	11	8	19	30,220	36,193	32,735	21.0	18.1	19.8
380	Other Lower Extremity Procedures (MNRH)		244	226	470	1,663	1,493	1,581	1.0	1.0	1.0
380		Pix1	244	226	470	1,663	1,493	1,581	1.0	1.0	1.0
380		Pix2	2	2	4	5,773	7,182	6,477	5.5	3.0	4.3
380		Pix3		1	1		8,118	8,118		4.0	4.0
380		Pix4									
381	Hand And Wrist Procedures (MNRH)		68	68	136	2,480	2,543	2,511	1.0	1.0	1.0
381		Pix1	68	68	136	2,480	2,543	2,511	1.0	1.0	1.0
381		Pix2	1	2	3	9,006	5,212	6,477	4.0	4.0	4.0
381		Pix3		1	1		31,533	31,533		47.0	47.0
381		Pix4	1		1	19,787		19,787	13.0		13.0
382	Arthroscopy (MNRH)		10	6	16	2,710	2,210	2,523	1.5	1.2	1.4
382		Pix1	9	6	15	2,624	2,210	2,458	1.6	1.2	1.4
382		Pix2	1	1	2	3,486	11,341	7,413	1.0	11.0	6.0
382		Pix3	1		1	21,298		21,298	14.0		14.0

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
382		Pix4									
383	PWS - Joint Replacement For Malignancy		17	15	32	18,118	14,385	16,368	15.2	12.9	14.2
383		Pix1	12	9	21	14,679	11,121	13,154	13.2	8.7	11.2
383		Pix2	1	1	2	8,173	9,128	8,650	5.0	5.0	5.0
383		Pix3	1	4	5	18,111	30,926	28,363	21.0	35.3	32.4
383		Pix4	3	4	7	44,017	83,371	66,505	33.7	58.0	47.6
384	PWS - Back And Neck Procedures For Malignancy		21	22	43	20,096	21,984	21,062	13.6	12.6	13.1
384		Pix1	15	11	26	17,589	16,220	17,010	12.6	7.6	10.5
384		Pix2	2	3	5	19,824	19,247	19,478	10.0	8.0	8.8
384		Pix3	2	2	4	30,206	22,581	26,393	18.0	17.0	17.5
384		Pix4	2	6	8	35,500	40,100	38,950	28.5	27.0	27.4
385	PWS - Major Orthopaedic Oncology Procedures		15	18	33	19,834	16,819	18,189	11.7	9.8	10.7
385		Pix1	10	13	23	10,983	11,599	11,331	8.5	6.7	7.5
385		Pix2	2	3	5	15,547	11,917	13,369	25.0	10.3	16.2
385		Pix3	2		2	36,342		36,342	18.0		18.0
385		Pix4	2	2	4	52,681	73,136	62,909	22.5	39.0	30.8
386	Other Orthopaedic Oncology Procedures		45	54	99	10,433	8,720	9,498	6.2	5.7	5.9
386		Pix1	37	46	83	8,832	6,923	7,774	5.5	5.0	5.2
386		Pix2	4	4	8	13,428	12,109	12,768	6.3	5.3	5.8
386		Pix3	4	1	5	30,386	15,750	27,459	21.0	8.0	18.4
386		Pix4	5	2	7	38,408	38,746	38,504	31.6	25.0	29.7
391	Secondary Neoplasms And Pathological Fractures		341	308	649	9,993	9,595	9,804	14.2	14.1	14.1
391		Pix1	199	191	390	7,831	7,845	7,838	12.2	12.4	12.3
391		Pix2	83	74	157	10,721	10,259	10,503	14.7	15.2	14.9
391		Pix3	25	18	43	12,229	14,061	12,996	18.6	18.2	18.4
391		Pix4	38	27	65	23,314	21,448	22,539	27.9	28.9	28.3
392	Osteomyelitis		54	68	122	8,277	8,337	8,310	9.9	9.6	9.8
392		Pix1	41	41	82	6,927	5,424	6,176	8.0	6.1	7.1
392		Pix2	2	9	11	22,689	9,722	12,080	31.0	12.0	15.5
392		Pix3	8	11	19	12,017	8,315	9,873	16.0	10.1	12.6

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
392		Pix4	5	9	14	28,793	39,278	35,533	43.0	53.1	49.5
393	Rheumatoid Arthritis		72	48	120	7,373	7,361	7,368	8.9	9.3	9.0
393		Pix1	44	25	69	4,108	4,566	4,274	6.2	5.9	6.1
393		Pix2	7	11	18	6,348	10,459	8,860	8.9	13.9	11.9
393		Pix3	9	4	13	8,818	12,578	9,975	8.7	14.0	10.3
393		Pix4	10	10	20	24,897	19,558	22,227	22.5	20.2	21.4
394	Septic Arthritis		44	32	76	5,698	4,487	5,188	7.1	5.7	6.5
394		Pix1	27	27	54	3,847	3,779	3,813	4.5	4.9	4.7
394		Pix2	5	2	7	8,283	13,020	9,636	10.4	16.0	12.0
394		Pix3	8	3	11	5,785	5,174	5,618	6.8	5.3	6.4
394		Pix4	2	1	3	27,486	27,861	27,611	35.0	47.0	39.0
397	Non-Inflammatory Arthritis		46	59	105	5,138	5,214	5,181	7.3	6.9	7.1
397		Pix1	39	47	86	4,935	4,348	4,614	6.6	6.2	6.3
397		Pix2	6	8	14	11,957	8,303	9,869	23.0	8.4	14.6
397		Pix3	3	5	8	4,915	12,162	9,445	7.7	18.6	14.5
397		Pix4	1	1	2	23,358	22,745	23,052	41.0	43.0	42.0
398	Other Inflammatory Arthritis		291	264	555	4,669	4,378	4,531	6.0	5.8	5.9
398		Pix1	204	185	389	3,713	3,463	3,594	5.0	4.7	4.9
398		Pix2	35	46	81	4,977	6,190	5,666	6.9	8.3	7.7
398		Pix3	37	28	65	9,190	11,335	10,114	13.5	14.8	14.1
398		Pix4	26	18	44	17,516	24,933	20,550	15.2	21.1	17.6
399	Orthopaedic Aftercare		193	200	393	4,794	4,205	4,495	7.3	5.9	6.6
399		Pix1	142	166	308	3,487	3,530	3,510	5.3	4.9	5.1
399		Pix2	28	16	44	8,794	8,596	8,722	15.3	14.8	15.1
399		Pix3	21	17	38	10,092	10,729	10,377	17.7	19.1	18.3
399		Pix4	7	11	18	16,462	14,117	15,029	19.6	18.5	18.9
401	Other Musculoskeletal Malignancies		31	27	58	6,916	5,914	6,450	6.1	6.4	6.2
401		Pix1	16	16	32	4,913	4,081	4,497	3.9	4.2	4.1
401		Pix2	11	5	16	8,449	7,639	8,196	7.6	10.4	8.5
401		Pix3	4	4	8	15,763	5,601	10,682	20.3	5.8	13.0

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
401		Plx4	1	2	3	6,280	16,887	13,351	9.0	15.5	13.3
402	Disc Disease		223	247	470	4,921	4,990	4,958	7.8	8.0	7.9
402		Plx1	188	209	397	4,112	4,163	4,139	6.6	6.8	6.7
402		Plx2	26	28	54	11,531	11,598	11,566	21.2	18.6	19.8
402		Plx3	10	11	21	15,362	16,386	15,898	20.2	22.5	21.4
402		Plx4	6	7	13	14,104	12,709	13,353	22.8	17.3	19.8
404	Other Musculoskeletal Infections		1	3	4	1,102	8,540	6,681	1.0	13.7	10.5
404		Plx1	1	3	4	1,102	8,540	6,681	1.0	13.7	10.5
404		Plx2									
404		Plx3									
404		Plx4									
407	Other Musculoskeletal Disorders		53	56	109	5,144	4,048	4,581	5.0	4.9	4.9
407		Plx1	40	43	83	3,624	3,203	3,406	3.8	3.8	3.8
407		Plx2	6	5	11	11,790	6,244	9,269	11.8	6.8	9.5
407		Plx3	6	5	11	8,931	8,063	8,536	9.2	8.6	8.9
407		Plx4	2	1	3	13,411	2,299	9,707	9.5	5.0	8.0
409	Back Pain (MNRH)		184	213	397	3,558	3,403	3,474	5.5	5.2	5.3
409		Plx1	154	179	333	2,874	2,871	2,872	4.4	4.5	4.4
409		Plx2	20	30	50	9,258	7,454	8,176	15.6	11.3	13.0
409		Plx3	9	6	15	8,882	11,712	10,014	10.8	14.5	12.3
409		Plx4	5	5	10	9,759	24,003	16,881	15.6	29.6	22.6
411	Signs, Symptoms And Deformities (MNRH)		145	140	285	3,522	3,448	3,486	5.1	4.9	5.0
411		Plx1	125	120	245	3,131	2,869	3,003	4.6	3.9	4.2
411		Plx2	12	11	23	6,964	9,132	8,001	10.8	14.9	12.7
411		Plx3	8	8	16	8,193	7,179	7,686	14.3	11.8	13.0
411		Plx4	1	2	3	6,633	35,732	26,032	14.0	48.0	36.7
413	Joint Derangements (MNRH)		49	61	110	3,615	3,746	3,688	4.9	4.3	4.6
413		Plx1	42	53	95	3,043	2,896	2,961	3.8	3.5	3.6
413		Plx2	3	3	6	4,746	4,381	4,564	8.0	7.0	7.5
413		Plx3	2	3	5	15,460	6,626	10,160	18.5	9.0	12.8

N/A -- Not applicable

Prepared by: Health Authority Reporting and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
413		Pix4	1	1	2	3,487	16,844	10,165	7.0	27.0	17.0
414	Sprains Strains And Minor Injuries (MNRH)		45	45	90	3,117	2,601	2,859	4.3	3.8	4.1
414		Pix1	41	43	84	2,807	2,450	2,624	3.7	3.7	3.7
414		Pix2	3	1	4	8,684	7,420	8,368	14.7	10.0	13.5
414		Pix3	2	1	3	19,757	4,262	14,592	30.0	4.0	21.3
414		Pix4	1		1	7,429		7,429	14.0		14.0
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		649	493	1,142	3,442	3,686	3,547	1.3	1.4	1.4
425		Pix1	642	482	1,124	3,427	3,630	3,514	1.3	1.4	1.4
425		Pix2	22	25	47	11,195	15,056	13,249	6.8	7.4	7.1
425		Pix3	8	16	24	19,530	13,857	15,748	8.5	6.8	7.4
425		Pix4	14	10	24	32,657	16,287	25,836	17.3	10.9	14.6
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		47	62	109	17,451	25,482	22,019	20.5	29.1	25.4
427		Pix1	36	36	72	10,060	14,236	12,148	12.6	17.4	15.0
427		Pix2	3	6	9	53,280	31,378	38,679	77.7	36.0	49.9
427		Pix3	3	10	13	28,373	34,596	33,160	37.3	41.8	40.8
427		Pix4	6	10	16	56,918	58,685	58,022	58.5	61.2	60.2
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		175	202	377	3,793	3,841	3,819	1.3	1.3	1.3
428		Pix1	169	198	367	3,686	3,836	3,767	1.3	1.3	1.3
428		Pix2	6	3	9	8,825	4,201	7,284	3.2	1.7	2.7
428		Pix3		1	1		3,816	3,816		2.0	2.0
428		Pix4	1		1	7,109		7,109	4.0		4.0
429	Total Mastectomy For Breast Malignancy		640	598	1,238	3,315	3,300	3,307	1.6	1.6	1.6
429		Pix1	629	591	1,220	3,286	3,286	3,286	1.6	1.6	1.6
429		Pix2	15	10	25	6,626	8,408	7,339	5.2	7.1	6.0
429		Pix3	5	4	9	7,448	5,144	6,424	6.4	2.8	4.8
429		Pix4	1		1	21,486		21,486	16.0		16.0
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		595	611	1,206	2,924	3,109	3,017	1.3	1.4	1.4
432		Pix1	589	602	1,191	2,913	3,099	3,007	1.3	1.4	1.3

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
432		Pix2	6	8	14	5,265	3,298	4,141	2.7	2.0	2.3
432		Pix3	1	1	2	5,844	19,958	12,901	4.0	23.0	13.5
432		Pix4		2	2		6,958	6,958		5.0	5.0
434	Breast Biopsy And Local Excision Without Malignancy		43	44	87	2,283	2,361	2,322	1.0	1.0	1.0
434		Pix1	43	44	87	2,283	2,361	2,322	1.0	1.0	1.0
434		Pix2	1	1	2	4,176	5,998	5,087	3.0	3.0	3.0
434		Pix3									
434		Pix4	1		1	551,125		551,125	361.0		361.0
435	Perianal And Pilonidal Cyst Procedures		41	38	79	1,977	2,272	2,119	1.6	1.8	1.7
435		Pix1	38	38	76	1,823	2,272	2,048	1.5	1.8	1.7
435		Pix2	3	2	5	3,933	12,926	7,530	3.0	12.0	6.6
435		Pix3		1	1		9,775	9,775		12.0	12.0
435		Pix4	1	1	2	9,812	20,954	15,383	11.0	29.0	20.0
436	Plastic Surgery		29	26	55	3,728	3,526	3,633	1.7	1.7	1.7
436		Pix1	29	26	55	3,728	3,526	3,633	1.7	1.7	1.7
436		Pix2									
436		Pix3		1	1		14,343	14,343		16.0	16.0
436		Pix4	1		1	23,986		23,986	34.0		34.0
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		142	159	301	4,022	3,485	3,738	3.3	3.1	3.2
437		Pix1	126	152	278	3,594	3,340	3,455	2.8	2.9	2.8
437		Pix2	7	3	10	5,421	8,566	6,364	5.7	13.3	8.0
437		Pix3	5	4	9	6,868	10,532	8,497	6.2	12.0	8.8
437		Pix4	6	3	9	28,614	20,422	25,883	21.7	32.3	25.2
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		118	104	222	7,473	8,253	7,839	7.3	8.0	7.6
438		Pix1	82	74	156	4,321	5,526	4,893	3.5	4.4	4.0
438		Pix2	12	9	21	8,570	6,154	7,535	10.4	8.1	9.4
438		Pix3	13	12	25	18,615	17,056	17,867	23.7	20.3	22.0
438		Pix4	20	10	30	49,070	49,406	49,182	42.9	54.6	46.8

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
439	Skin Ulcer		44	62	106	13,101	11,834	12,360	18.9	16.7	17.6
439		Plx1	25	31	56	10,350	9,666	9,971	16.0	13.6	14.7
439		Plx2	4	8	12	13,232	17,366	15,988	26.3	24.4	25.0
439		Plx3	6	14	20	12,265	8,044	9,311	17.2	11.6	13.3
439		Plx4	11	10	21	29,760	22,702	26,399	36.7	33.7	35.3
440	Major Skin Disorders		46	63	109	4,392	5,806	5,210	5.2	6.3	5.9
440		Plx1	38	46	84	3,760	4,974	4,425	4.5	5.6	5.1
440		Plx2	6	13	19	6,199	7,513	7,098	7.8	11.8	10.5
440		Plx3	3	4	7	12,428	4,502	7,899	16.7	5.3	10.1
440		Plx4		4	4		29,363	29,363		29.0	29.0
443	Malignant Breast Disorders		37	55	92	7,393	6,669	6,960	11.0	8.3	9.4
443		Plx1	15	28	43	5,695	3,494	4,262	7.1	4.5	5.4
443		Plx2	10	13	23	8,394	7,303	7,778	13.3	9.8	11.3
443		Plx3	7	8	15	9,555	13,196	11,497	15.4	15.5	15.5
443		Plx4	5	6	11	7,457	11,412	9,614	12.0	13.0	12.5
446	Non-Malignant Breast Disorders		15	11	26	1,598	2,498	1,979	1.3	2.5	1.8
446		Plx1	15	11	26	1,598	2,498	1,979	1.3	2.5	1.8
446		Plx2									
446		Plx3									
446		Plx4									
447	Cellulitis		588	606	1,194	4,187	3,970	4,077	6.1	6.0	6.1
447		Plx1	425	470	895	3,510	3,371	3,437	5.2	5.2	5.2
447		Plx2	89	72	161	5,621	5,548	5,589	9.1	9.1	9.1
447		Plx3	54	46	100	6,642	6,046	6,368	9.3	9.5	9.4
447		Plx4	45	35	80	15,524	15,975	15,721	22.5	23.3	22.8
452	Trauma Of Skin, Subcutaneous Tissue And Breast		77	82	159	2,409	2,553	2,483	3.0	2.8	2.9
452		Plx1	61	73	134	2,048	2,099	2,076	2.3	2.2	2.2
452		Plx2	9	4	13	4,062	9,095	5,610	6.8	18.3	10.3
452		Plx3	6	4	10	4,156	10,265	6,600	7.0	18.0	11.4
452		Plx4		1	1		13,748	13,748		14.0	14.0

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
454	Minor Skin Disorders		116	137	253	2,932	2,507	2,702	3.5	3.6	3.5
454		Ptx1	102	117	219	2,667	2,271	2,456	3.1	3.2	3.1
454		Ptx2	11	12	23	5,095	3,822	4,431	8.4	6.1	7.2
454		Ptx3	5	5	10	16,875	6,715	11,795	25.8	9.4	17.6
454		Ptx4	6	5	11	19,662	10,580	15,534	25.3	17.0	21.5
476	PWS - Adrenal And Pituitary Procedures		112	96	208	8,958	9,507	9,211	4.4	4.3	4.4
476		Ptx1	93	88	181	8,035	8,788	8,401	3.7	3.9	3.8
476		Ptx2	11	6	17	15,177	21,912	17,554	8.7	9.8	9.1
476		Ptx3	5	5	10	19,981	25,179	22,580	9.2	15.6	12.4
476		Ptx4	2	3	5	41,435	34,403	37,216	18.0	14.7	16.0
477	Parathyroid Procedures		135	130	265	4,173	4,177	4,175	2.0	2.0	2.0
477		Ptx1	120	113	233	3,796	3,716	3,757	1.7	1.6	1.6
477		Ptx2	5	5	10	10,883	12,630	11,757	7.6	7.6	7.6
477		Ptx3	4	3	7	5,250	4,178	4,791	3.3	2.3	2.9
477		Ptx4		5	5		28,331	28,331		25.0	25.0
478	Obesity Procedures		93	66	159	5,569	5,008	5,336	4.3	3.7	4.0
478		Ptx1	86	62	148	5,432	4,858	5,192	4.1	3.6	3.9
478		Ptx2	6	3	9	7,717	5,059	6,831	6.2	4.3	5.6
478		Ptx3	2	2	4	7,480	13,962	10,721	7.5	8.0	7.8
478		Ptx4	1	1	2	63,039	15,143	39,091	26.0	16.0	21.0
479	Thyroid Procedures		743	636	1,379	3,584	3,708	3,641	1.5	1.5	1.5
479		Ptx1	730	619	1,349	3,545	3,648	3,592	1.5	1.5	1.5
479		Ptx2	11	7	18	6,432	8,683	7,307	4.2	4.3	4.2
479		Ptx3	6	16	22	9,170	6,566	7,276	5.3	3.6	4.1
479		Ptx4	4	2	6	19,014	13,777	17,268	13.5	10.0	12.3
480	Thyroglossal Procedures		10	6	16	2,610	3,394	2,904	1.3	1.5	1.4
480		Ptx1	10	6	16	2,610	3,394	2,904	1.3	1.5	1.4
480		Ptx2									
480		Ptx3									
480		Ptx4									

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
482	Other Endocrine, Nutrition And Metabolic Procedures		97	91	188	30,455	33,386	31,874	10.3	8.8	9.5
482		Pix1	53	53	106	32,541	31,569	32,055	6.2	5.5	5.8
482		Pix2	13	14	27	25,007	49,847	37,887	6.4	5.4	5.9
482		Pix3	10	7	17	26,897	23,570	25,527	17.0	11.1	14.6
482		Pix4	27	19	46	57,738	36,590	49,003	34.6	25.4	30.8
483	Diabetes		923	889	1,812	3,707	3,506	3,608	4.9	4.8	4.9
483		Pix1	689	665	1,354	3,018	2,704	2,864	4.1	3.8	4.0
483		Pix2	89	94	183	5,518	4,851	5,176	8.4	7.5	8.0
483		Pix3	108	90	198	5,552	5,667	5,604	7.3	7.1	7.2
483		Pix4	59	65	124	17,052	14,122	15,516	15.9	18.6	17.3
485	Nutritional And Miscellaneous Metabolic Disorders		905	956	1,861	4,326	4,191	4,257	5.5	5.6	5.5
485		Pix1	580	622	1,202	3,147	3,190	3,169	4.1	4.4	4.3
485		Pix2	162	199	361	5,805	5,677	5,734	7.7	7.3	7.5
485		Pix3	105	95	200	7,196	7,511	7,345	8.9	10.0	9.4
485		Pix4	69	55	124	13,093	14,546	13,738	15.1	18.0	16.4
487	Cystic Fibrosis		99	112	211	12,889	13,401	13,161	11.3	11.8	11.6
487		Pix1	65	66	131	11,945	12,115	12,031	11.1	11.0	11.0
487		Pix2	8	26	34	8,548	13,418	12,272	8.1	11.8	11.0
487		Pix3	17	13	30	11,003	12,957	11,850	10.9	14.2	12.3
487		Pix4	9	8	17	27,124	26,501	26,831	16.2	17.6	16.9
488	Inborn Errors Of Metabolism		43	35	78	10,252	12,115	11,088	5.6	5.5	5.6
488		Pix1	37	26	63	10,955	7,079	9,355	5.2	4.1	4.7
488		Pix2	4	1	5	4,813	9,058	5,662	5.8	8.0	6.2
488		Pix3		4	4		35,950	35,950		10.0	10.0
488		Pix4	1	4	5	4,883	21,782	18,402	6.0	9.3	8.6
489	Endocrine Disorders		172	179	351	5,156	4,435	4,788	6.4	5.1	5.8
489		Pix1	128	148	276	3,554	3,733	3,650	4.5	4.3	4.4
489		Pix2	21	21	42	9,173	8,926	9,050	12.2	13.0	12.6
489		Pix3	12	10	22	7,751	11,518	9,463	10.7	14.6	12.5
489		Pix4	7	9	16	20,959	17,862	19,217	16.1	23.6	20.3

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
500	PWS - Kidney Transplant		119	117	236	19,212	18,834	19,024	9.4	9.2	9.3
500		Pix1	66	56	122	15,880	15,339	15,632	8.0	7.8	7.9
500		Pix2	13	8	21	17,854	17,037	17,543	9.8	9.1	9.5
500		Pix3	24	36	60	22,586	22,528	22,551	10.9	10.0	10.4
500		Pix4	23	22	45	40,607	30,472	35,652	19.5	17.6	18.6
501	Urinary Diversion And Augmentation		111	115	226	13,738	12,870	13,296	11.2	10.4	10.8
501		Pix1	72	75	147	11,213	11,382	11,299	9.3	9.4	9.3
501		Pix2	12	15	27	13,516	13,598	13,562	10.8	11.3	11.1
501		Pix3	16	12	28	22,475	13,944	18,819	18.6	12.3	15.9
501		Pix4	17	16	33	32,471	24,934	28,817	25.6	20.4	23.1
502	Radical Prostatectomy		645	597	1,242	5,835	6,284	6,051	3.9	4.3	4.1
502		Pix1	597	542	1,139	5,712	6,177	5,933	3.8	4.2	4.0
502		Pix2	38	43	81	7,196	7,300	7,251	4.6	5.0	4.9
502		Pix3	9	13	22	8,133	8,206	8,176	6.4	6.3	6.4
502		Pix4	4	5	9	10,114	18,026	14,510	9.8	14.8	12.6
503	Dialysis Procedures		140	192	332	7,007	7,092	7,057	6.1	5.2	5.6
503		Pix1	79	119	198	2,188	2,234	2,216	1.2	1.1	1.1
503		Pix2	22	32	54	4,328	8,555	6,833	3.5	7.9	6.1
503		Pix3	13	11	24	24,760	12,977	19,359	24.0	10.6	17.9
503		Pix4	19	23	42	91,984	70,536	80,239	68.4	57.7	62.5
504	Major Urinary Tract Procedures		562	558	1,120	7,210	7,730	7,469	4.7	5.3	5.0
504		Pix1	489	482	971	6,807	7,219	7,012	4.3	4.8	4.6
504		Pix2	47	39	86	9,684	9,865	9,766	6.9	6.8	6.9
504		Pix3	16	23	39	12,699	12,145	12,372	9.9	9.6	9.7
504		Pix4	17	26	43	25,303	24,329	24,714	14.9	18.3	17.0
505	Reconstructive Urological Procedures		47	46	93	4,498	4,402	4,450	3.7	3.5	3.6
505		Pix1	43	42	85	4,192	4,481	4,335	3.4	3.5	3.5
505		Pix2	5	2	7	11,579	3,459	9,259	9.0	3.0	7.3
505		Pix3		2	2		3,670	3,670		3.5	3.5
505		Pix4									

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
506	**Open Prostatectomy**		**20**	**15**	**35**	**4,990**	**5,355**	**5,147**	**4.4**	**4.1**	**4.2**
506		Ptx1	17	12	29	4,294	4,707	4,465	3.6	3.6	3.6
506		Ptx2	1	2	3	5,401	5,359	5,373	5.0	5.0	5.0
506		Ptx3	1		1	10,946		10,946	11.0		11.0
506		Ptx4		1	1		13,127	13,127		8.0	8.0
507	**Vascular And Other Urinary Procedures**		**21**	**24**	**45**	**13,169**	**11,810**	**12,444**	**10.5**	**9.1**	**9.8**
507		Ptx1	11	13	24	6,668	4,892	5,706	3.5	3.8	3.6
507		Ptx2	1	3	4	22,759	15,254	17,130	22.0	8.7	12.0
507		Ptx3	2	3	5	14,267	10,371	11,930	14.5	11.0	12.4
507		Ptx4	7	6	13	56,323	51,773	54,223	46.7	46.0	46.4
508	**Minor Upper Urinary Tract Procedures**		**224**	**288**	**512**	**5,723**	**6,234**	**6,011**	**3.6**	**4.3**	**4.0**
508		Ptx1	203	241	444	5,392	5,432	5,413	3.2	3.5	3.4
508		Ptx2	11	25	36	7,831	9,938	9,294	6.5	9.0	8.2
508		Ptx3	12	22	34	13,403	11,334	12,064	11.6	10.5	10.9
508		Ptx4	6	11	17	27,287	26,381	26,701	28.8	26.0	27.0
509	**Minor Lower Urinary Tract Procedures**		**85**	**67**	**152**	**4,382**	**4,347**	**4,367**	**2.6**	**2.6**	**2.6**
509		Ptx1	78	60	138	4,238	3,831	4,061	2.3	2.3	2.3
509		Ptx2	3	4	7	8,731	8,116	8,379	7.0	6.0	6.4
509		Ptx3	1	1	2	5,634	6,723	6,179	3.0	3.0	3.0
509		Ptx4	2	1	3	15,510	7,255	12,758	16.0	2.0	11.3
510	**Transurethral Prostatectomy**		**987**	**646**	**1,633**	**2,702**	**2,921**	**2,789**	**1.9**	**2.3**	**2.1**
510		Ptx1	955	618	1,573	2,645	2,839	2,721	1.9	2.2	2.0
510		Ptx2	31	25	56	4,949	6,384	5,590	4.9	6.1	5.5
510		Ptx3	12	10	22	10,821	6,786	8,987	14.6	8.3	11.7
510		Ptx4	4	9	13	8,510	7,691	7,943	10.3	8.9	9.3
512	**Other Transurethral Or Biopsy Procedures (MNRH)**		**1,169**	**978**	**2,147**	**1,985**	**2,076**	**2,027**	**1.5**	**1.6**	**1.5**
512		Ptx1	1,157	958	2,115	1,964	2,062	2,008	1.4	1.6	1.5
512		Ptx2	21	24	45	5,458	4,875	5,147	5.6	4.9	5.2
512		Ptx3	9	11	20	8,234	6,737	7,410	10.4	8.9	9.6
512		Ptx4	8	5	13	22,233	26,263	23,783	23.5	28.0	25.2

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
514	Miscellaneous Urinary Tract Procedures (MNRH)		8	13	21	1,524	1,486	1,501	1.0	1.0	1.0
514		Pix1	8	12	20	1,524	1,462	1,486	1.0	1.0	1.0
514		Pix2		1	1		1,786	1,786		1.0	1.0
514		Pix3									
514		Pix4									
520	Renal Failure With Dialysis		133	155	288	15,386	16,720	16,104	14.6	15.2	14.9
520		Pix1	51	49	100	11,779	10,634	11,218	12.0	10.6	11.3
520		Pix2	33	31	64	12,576	13,725	13,133	12.5	14.2	13.3
520		Pix3	21	29	50	13,495	17,601	15,877	12.9	17.3	15.4
520		Pix4	28	48	76	27,395	32,587	30,674	24.3	21.8	22.7
521	Renal Failure Without Dialysis		533	532	1,065	6,672	6,184	6,428	8.6	8.3	8.4
521		Pix1	286	278	564	4,753	4,188	4,475	6.4	6.2	6.3
521		Pix2	105	111	216	7,036	6,446	6,733	9.9	8.2	9.1
521		Pix3	85	88	173	9,160	9,065	9,111	12.9	11.6	12.2
521		Pix4	68	57	125	14,452	12,483	13,554	16.0	15.6	15.8
522	Urinary Neoplasm		158	163	321	8,204	7,387	7,789	11.3	10.2	10.7
522		Pix1	73	84	157	5,062	4,723	4,880	6.8	6.7	6.7
522		Pix2	43	34	77	8,223	8,414	8,307	12.1	13.0	12.5
522		Pix3	21	24	45	12,214	7,865	9,894	16.5	10.5	13.3
522		Pix4	23	23	46	18,338	18,999	18,669	24.2	24.8	24.5
524	Nephrotic Syndrome		33	53	86	3,648	5,132	4,563	4.6	4.7	4.7
524		Pix1	25	38	63	3,536	4,233	3,957	4.0	3.8	3.9
524		Pix2	4	6	10	4,677	7,191	6,185	7.8	8.8	8.4
524		Pix3	4	7	11	3,323	4,833	4,284	5.3	7.0	6.4
524		Pix4	1	6	7	20,343	21,010	20,914	24.0	17.5	18.4
525	Nephropathy Without Nephrotic Syndrome		42	35	77	5,032	6,054	5,496	5.4	6.4	5.9
525		Pix1	24	15	39	3,320	4,726	3,861	3.3	4.5	3.7
525		Pix2	6	4	10	4,180	7,234	5,401	5.2	7.8	6.2
525		Pix3	9	13	22	8,081	5,828	6,750	8.6	7.0	7.6
525		Pix4	2	4	6	15,852	35,376	28,868	16.0	30.8	25.8

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
526	Miscellaneous Nephrological Diagnosis		13	17	30	3,761	5,525	4,760	4.5	5.1	4.8
526		Ptx1	8	13	21	3,408	3,647	3,556	3.6	3.2	3.4
526		Ptx2	1	5	6	1,667	11,817	10,125	2.0	13.6	11.7
526		Ptx3	4		4	4,990		4,990	6.8		6.8
526		Ptx4	1		1	70,854		70,854	40.0		40.0
527	Upper Urinary Tract Infection		410	433	843	3,320	3,100	3,207	4.1	4.0	4.1
527		Ptx1	365	377	742	3,161	2,948	3,053	3.9	3.8	3.9
527		Ptx2	21	31	52	6,138	4,606	5,225	7.5	6.9	7.2
527		Ptx3	25	28	53	5,143	4,342	4,719	7.0	6.0	6.5
527		Ptx4	10	7	17	10,106	11,389	10,634	9.6	8.1	9.0
529	Lower Urinary Tract Infection		774	778	1,552	4,474	4,433	4,454	6.1	5.9	6.0
529		Ptx1	535	552	1,087	3,512	3,278	3,393	4.9	4.6	4.7
529		Ptx2	106	89	195	6,642	5,921	6,313	9.5	8.5	9.0
529		Ptx3	82	81	163	6,303	6,815	6,557	8.7	8.8	8.7
529		Ptx4	58	57	115	12,192	12,447	12,318	14.4	14.5	14.5
532	Urinary Retention And Other Functional Disorders Of Bladder		77	66	143	3,018	2,345	2,707	3.3	3.5	3.4
532		Ptx1	70	55	125	2,699	2,196	2,477	2.9	3.2	3.1
532		Ptx2	5	5	10	5,683	5,653	5,668	5.6	8.0	6.8
532		Ptx3	1	6	7	11,622	3,260	4,455	19.0	4.7	6.7
532		Ptx4	2	1	3	7,513	3,543	6,190	11.5	6.0	9.7
534	Miscellaneous Urological Diagnoses (MNRH)		158	122	280	2,984	3,074	3,023	3.5	3.9	3.7
534		Ptx1	135	102	237	2,510	2,485	2,499	2.8	3.2	3.0
534		Ptx2	11	9	20	5,254	6,795	5,948	6.0	8.9	7.3
534		Ptx3	8	7	15	7,633	7,393	7,521	8.1	8.7	8.4
534		Ptx4	5	7	12	22,341	20,864	21,479	25.8	18.7	21.7
535	Hematuria (MNRH)		109	135	244	2,568	2,741	2,663	3.4	3.8	3.7
535		Ptx1	99	115	214	2,390	2,132	2,252	3.3	3.1	3.2
535		Ptx2	5	8	13	2,898	6,191	4,924	4.0	7.1	5.9
535		Ptx3	3	7	10	5,517	5,232	5,317	5.3	6.7	6.3
535		Ptx4	2	3	5	6,090	11,589	9,389	7.5	14.3	11.6

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
536	**Urinary Obstruction (MNRH)**		**699**	**740**	**1,439**	**1,818**	**1,870**	**1,845**	**1.8**	**2.1**	**2.0**
536		Ptx1	674	704	1,378	1,789	1,818	1,804	1.8	2.0	1.9
536		Ptx2	16	19	35	3,674	3,590	3,628	5.0	4.3	4.6
536		Ptx3	15	22	37	4,393	4,242	4,303	5.5	4.9	5.1
536		Ptx4	6	10	16	11,767	14,019	13,175	16.7	17.1	16.9
538	**Admission For Dialysis (MNRH)**		**2**	**1**	**3**	**6,238**	**1,893**	**4,790**	**4.5**	**1.0**	**3.3**
538		Ptx1		1	1		1,893	1,893		1.0	1.0
538		Ptx2	1		1	8,393		8,393	7.0		7.0
538		Ptx3	1		1	4,082		4,082	2.0		2.0
538		Ptx4									
550	**Major Pelvic And Retroperitoneum Procedures**		**2**		**2**	**26,111**		**26,111**	**10.5**		**10.5**
550		Ptx1	1		1	11,552		11,552	6.0		6.0
550		Ptx2									
550		Ptx3									
550		Ptx4	1		1	40,669		40,669	15.0		15.0
551	**Penis Procedures**		**84**	**60**	**144**	**3,424**	**3,613**	**3,503**	**1.4**	**1.7**	**1.5**
551		Ptx1	84	57	141	3,424	3,432	3,427	1.4	1.7	1.5
551		Ptx2	2	1	3	6,935	5,414	6,428	8.0	1.0	5.7
551		Ptx3									
551		Ptx4	1	4	5	115,569	61,067	71,967	64.0	41.8	46.2
552	**Testes Procedures**		**112**	**75**	**187**	**2,328**	**2,382**	**2,350**	**1.4**	**1.4**	**1.4**
552		Ptx1	111	73	184	2,331	2,359	2,342	1.4	1.4	1.4
552		Ptx2	1	6	7	2,041	12,425	10,942	1.0	16.8	14.6
552		Ptx3		2	2		20,571	20,571		16.0	16.0
552		Ptx4	2		2	55,924		55,924	25.5		25.5
554	**Miscellaneous Male Reproductive System Procedures (MNRH)**		**75**	**63**	**138**	**1,634**	**1,866**	**1,740**	**1.0**	**1.0**	**1.0**
554		Ptx1	75	63	138	1,634	1,866	1,740	1.0	1.0	1.0
554		Ptx2	1	1	2	6,258	13,301	9,780	8.0	12.0	10.0
554		Ptx3	1		1	3,316		3,316	2.0		2.0

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
554		Plx4	1		1	104,565		104,565	52.0		52.0
555	Circumcision (MNRH)		8	4	12	1,777	1,563	1,706	1.0	1.0	1.0
555		Plx1	8	4	12	1,777	1,563	1,706	1.0	1.0	1.0
555		Plx2	1		1	4,351		4,351	3.0		3.0
555		Plx3									
555		Plx4									
560	Malignancy Of Male Reproductive Organ		1	3	4	21,796	9,125	12,293	17.0	7.7	10.0
560		Plx1		1	1		11,103	11,103		4.0	4.0
560		Plx2		1	1		8,089	8,089		6.0	6.0
560		Plx3		1	1		8,184	8,184		13.0	13.0
560		Plx4	1		1	21,796		21,796	17.0		17.0
561	Male Reproductive System Inflammation		43	41	84	2,296	2,500	2,396	3.2	3.6	3.4
561		Plx1	41	38	79	2,234	2,344	2,287	3.1	3.5	3.3
561		Plx2	2	1	3	3,585	4,493	3,888	4.5	6.0	5.0
561		Plx3		1	1		2,250	2,250		3.0	3.0
561		Plx4		1	1		6,683	6,683		7.0	7.0
562	Other Male Reproductive System Diagnoses		8	16	24	2,149	2,523	2,399	3.1	3.0	3.0
562		Plx1	7	14	21	1,913	1,681	1,759	2.7	2.7	2.7
562		Plx2	1	1	2	3,802	1,771	2,787	6.0	3.0	4.5
562		Plx3									
562		Plx4	1	1	2	13,693	15,064	14,379	21.0	7.0	14.0
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		10	4	14	2,689	542	2,075	3.3	1.0	2.6
563		Plx1	9	4	13	2,790	542	2,098	3.6	1.0	2.8
563		Plx2	1		1	1,778		1,778	1.0		1.0
563		Plx3		1	1		44,858	44,858		69.0	69.0
563		Plx4									
575	PWS - Pelvic Exenteration		2	1	3	11,848	18,511	14,069	10.0	10.0	10.0
575		Plx1	1		1	12,529		12,529	11.0		11.0
575		Plx2									

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
575		Ptx3	1	1	2	11,167	18,511	14,839	9.0	10.0	9.5
575		Ptx4									
576	PWS - Radical Hysterectomy And Vulvectomy		78	108	186	7,102	6,973	7,027	5.6	5.3	5.4
576		Ptx1	64	94	158	6,727	6,622	6,664	5.2	4.9	5.0
576		Ptx2	3	11	14	9,082	9,370	9,308	8.0	7.9	7.9
576		Ptx3	9	1	10	8,903	6,123	8,625	7.9	4.0	7.5
576		Ptx4	3	3	6	20,079	23,324	21,701	18.7	27.7	23.2
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		180	161	341	7,704	7,441	7,580	6.2	5.9	6.1
577		Ptx1	132	130	262	6,573	7,080	6,825	5.2	5.6	5.4
577		Ptx2	18	14	32	8,262	8,023	8,157	7.1	6.6	6.8
577		Ptx3	18	13	31	11,897	9,761	11,001	10.8	9.4	10.2
577		Ptx4	17	10	27	17,477	17,712	17,564	13.8	14.5	14.1
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		290	305	595	5,046	5,392	5,223	4.1	4.3	4.2
578		Ptx1	258	278	536	4,743	5,143	4,950	3.8	4.1	4.0
578		Ptx2	21	11	32	7,126	8,354	7,548	5.8	5.5	5.7
578		Ptx3	14	17	31	10,162	8,276	9,128	8.6	7.4	7.9
578		Ptx4	7	11	18	14,829	26,612	22,030	12.1	20.4	17.2
579	Major Uterine And Adnexal Procedures Without Malignancy		4,206	4,287	8,493	3,801	3,836	3,819	3.1	3.2	3.1
579		Ptx1	4,066	4,133	8,199	3,727	3,759	3,743	3.0	3.1	3.1
579		Ptx2	78	92	170	6,141	6,054	6,094	5.1	4.9	5.0
579		Ptx3	66	63	129	6,829	6,648	6,741	6.0	5.8	5.9
579		Ptx4	23	18	41	10,789	8,665	9,857	7.9	6.4	7.3
581	Reconstructive Gynecological Procedures		881	720	1,601	3,748	4,234	3,966	2.7	3.2	2.9
581		Ptx1	861	678	1,539	3,680	4,107	3,868	2.7	3.1	2.8
581		Ptx2	17	31	48	7,673	6,189	6,715	6.5	5.1	5.6
581		Ptx3	13	14	27	9,075	7,985	8,510	9.0	7.0	8.0
581		Ptx4	3	3	6	13,538	7,510	10,524	10.7	5.3	8.0
582	Other Gynecological Procedures		81	91	172	4,081	4,381	4,240	3.5	3.9	3.7
582		Ptx1	74	79	153	3,708	3,860	3,787	3.2	3.4	3.3

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CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
582		Pix2	1	2	3	4,105	5,408	4,974	5.0	5.0	5.0
582		Pix3	2	5	7	4,051	8,309	7,093	3.0	6.0	5.1
582		Pix4	1	1	2	11,633	31,609	21,621	11.0	37.0	24.0
583	Radio-Implant For Malignancy		28	34	62	3,601	3,841	3,733	2.1	2.1	2.1
583		Pix1	28	34	62	3,601	3,841	3,733	2.1	2.1	2.1
583		Pix2									
583		Pix3									
583		Pix4									
584	Vagina, Cervix And Vulva Procedures		147	140	287	3,096	2,778	2,941	2.6	2.3	2.4
584		Pix1	144	139	283	3,073	2,766	2,922	2.6	2.3	2.4
584		Pix2	3	2	5	4,178	5,738	4,802	4.0	6.0	4.8
584		Pix3		1	1		9,384	9,384		14.0	14.0
584		Pix4									
585	Gynecological Laparoscopy (MNRH)		18	23	41	2,099	2,237	2,177	2.1	1.9	2.0
585		Pix1	17	23	40	2,004	2,237	2,138	1.9	1.9	1.9
585		Pix2	1		1	3,715		3,715	5.0		5.0
585		Pix3									
585		Pix4									
586	Tubal Interruption (MNRH)		10	5	15	1,995	2,429	2,139	1.5	2.2	1.7
586		Pix1	10	5	15	1,995	2,429	2,139	1.5	2.2	1.7
586		Pix2									
586		Pix3									
586		Pix4									
587	Miscellaneous Gynecological Procedures (MNRH)		234	234	468	1,307	1,454	1,381	1.3	1.3	1.3
587		Pix1	232	233	465	1,286	1,448	1,367	1.2	1.3	1.3
587		Pix2	2	1	3	3,786	2,815	3,462	2.5	3.0	2.7
587		Pix3	1	3	4	4,150	20,699	16,562	5.0	32.3	25.5
587		Pix4	2		2	21,618		21,618	30.0		30.0
592	Malignancy Of Female Reproductive Organ		70	69	139	6,459	6,687	6,572	8.9	9.2	9.1
592		Pix1	36	34	70	4,824	4,618	4,724	6.4	6.4	6.4

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
592		Pix2	23	16	39	7,194	5,686	6,575	10.4	7.4	9.2
592		Pix3	7	11	18	6,373	10,847	9,107	8.1	14.8	12.2
592		Pix4	4	7	11	17,100	16,899	16,972	24.5	19.3	21.2
594	Female Reproductive System Infection		78	79	157	2,263	2,225	2,244	3.0	3.1	3.1
594		Pix1	75	75	150	2,202	2,169	2,186	3.0	3.1	3.0
594		Pix2	4	4	8	6,558	6,162	6,360	9.0	7.5	8.3
594		Pix3	1	1	2	4,511	1,902	3,206	5.0	2.0	3.5
594		Pix4									
595	Other Female Reproductive System Diagnoses And Injuries		10	18	28	1,108	1,978	1,668	1.7	2.6	2.3
595		Pix1	8	13	21	1,000	1,624	1,386	1.5	1.8	1.7
595		Pix2	1	2	3	322	2,309	1,647	1.0	2.5	2.0
595		Pix3	1		1	2,761		2,761	4.0		4.0
595		Pix4									
596	Miscellaneous Gynecological Diagnoses (MNRH)		248	262	510	1,680	1,710	1,695	2.0	1.9	2.0
596		Pix1	228	234	462	1,525	1,524	1,525	1.7	1.6	1.7
596		Pix2	5	7	12	2,997	2,178	2,519	4.4	2.6	3.3
596		Pix3	2	4	6	2,172	3,845	3,287	2.0	8.8	6.5
596		Pix4		3	3		23,181	23,181		37.0	37.0
599	Premature Labour		336	393	729	2,447	2,490	2,470	3.5	3.3	3.4
599		Pix9	336	393	729	2,447	2,490	2,470	3.5	3.3	3.4
600	Major Procedures In Pregnancy Or Childbirth		123	128	251	6,062	6,142	6,103	4.6	4.8	4.7
600		Pix9	123	128	251	6,062	6,142	6,103	4.6	4.8	4.7
601	Repeat Caesarean Delivery With Complicating Diagnosis		754	781	1,535	3,501	3,508	3,505	3.2	3.2	3.2
601		Pix9	754	781	1,535	3,501	3,508	3,505	3.2	3.2	3.2
602	Caesarean Delivery With Complicating Diagnosis		2,006	1,920	3,926	4,294	4,315	4,304	3.8	3.9	3.8
602		Pix9	2,006	1,920	3,926	4,294	4,315	4,304	3.8	3.9	3.8
603	Repeat Caesarean Delivery		1,492	1,290	2,782	2,774	2,761	2,768	2.7	2.8	2.8
603		Pix9	1,492	1,290	2,782	2,774	2,761	2,768	2.7	2.8	2.8
604	Caesarean Delivery		2,217	2,040	4,257	3,619	3,639	3,629	3.2	3.2	3.2
604		Pix9	2,217	2,040	4,257	3,619	3,639	3,629	3.2	3.2	3.2

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
605	Fetal Surgery		2	1	3	6,109	19,143	10,454	4.5	21.0	10.0
605		Pix9	2	1	3	6,109	19,143	10,454	4.5	21.0	10.0
606	Vaginal Delivery With Sterilization Procedures		19	24	43	3,256	2,872	3,042	2.2	2.0	2.1
606		Pix9	19	24	43	3,256	2,872	3,042	2.2	2.0	2.1
607	Vaginal Delivery With Minor Procedures		118	133	251	2,810	2,726	2,765	2.1	2.1	2.1
607		Pix9	118	133	251	2,810	2,726	2,765	2.1	2.1	2.1
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		267	346	613	2,397	2,423	2,412	1.7	1.8	1.7
608		Pix9	267	346	613	2,397	2,423	2,412	1.7	1.8	1.7
609	Vaginal Delivery With Complicating Diagnosis		7,525	7,764	15,289	2,450	2,485	2,468	2.0	2.0	2.0
609		Pix9	7,525	7,764	15,289	2,450	2,485	2,468	2.0	2.0	2.0
610	Vaginal Delivery After Caesarean Delivery (VBAC)		448	448	896	2,051	2,073	2,062	1.4	1.5	1.5
610		Pix9	448	448	896	2,051	2,073	2,062	1.4	1.5	1.5
611	Vaginal Delivery		10,208	9,847	20,055	1,897	1,900	1,898	1.5	1.5	1.5
611		Pix9	10,208	9,847	20,055	1,897	1,900	1,898	1.5	1.5	1.5
612	Ectopic Pregnancy With Major Procedures		87	84	171	3,869	3,581	3,728	3.1	3.0	3.0
612		Pix9	87	84	171	3,869	3,581	3,728	3.1	3.0	3.0
613	Ectopic Pregnancy With Minor Procedures		258	257	515	2,285	2,409	2,347	1.5	1.5	1.5
613		Pix9	258	257	515	2,285	2,409	2,347	1.5	1.5	1.5
614	Ectopic Pregnancy		57	53	110	690	687	689	1.0	1.0	1.0
614		Pix9	57	53	110	690	687	689	1.0	1.0	1.0
615	Threatened Abortion		49	82	131	972	1,049	1,020	1.3	1.4	1.4
615		Pix9	49	82	131	972	1,049	1,020	1.3	1.4	1.4
616	Abortive Outcome With Injection		22	25	47	1,480	1,529	1,506	1.3	1.5	1.4
616		Pix9	22	25	47	1,480	1,529	1,506	1.3	1.5	1.4
617	Abortive Outcome With D And C		1,064	822	1,886	951	932	943	1.0	1.0	1.0
617		Pix9	1,064	822	1,886	951	932	943	1.0	1.0	1.0
618	Abortive Outcome		169	195	364	1,097	1,226	1,166	1.0	1.0	1.0
618		Pix9	169	195	364	1,097	1,226	1,166	1.0	1.0	1.0

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
619	False Labour LOS < 3 Days (MNRH)		385	450	835	880	910	896	1.0	1.0	1.0
619		Pix9	385	450	835	880	910	896	1.0	1.0	1.0
620	Post-Partum Diagnosis With Procedures Other Than D And C		15	13	28	4,052	3,157	3,637	4.1	3.8	4.0
620		Pix9	15	13	28	4,052	3,157	3,637	4.1	3.8	4.0
621	Post-Partum Diagnosis With D And C		131	144	275	1,260	1,520	1,396	1.3	1.4	1.3
621		Pix9	131	144	275	1,260	1,520	1,396	1.3	1.4	1.3
622	Post-Partum Diagnosis		444	436	880	1,841	1,830	1,835	2.4	2.4	2.4
622		Pix9	444	436	880	1,841	1,830	1,835	2.4	2.4	2.4
623	Antepartum Diagnosis With Complicating Diagnosis		710	653	1,363	1,963	1,920	1,943	2.8	2.8	2.8
623		Pix9	710	653	1,363	1,963	1,920	1,943	2.8	2.8	2.8
624	Antepartum Diagnosis		852	998	1,850	1,355	1,415	1,387	1.7	1.7	1.7
624		Pix9	852	998	1,850	1,355	1,415	1,387	1.7	1.7	1.7
625	PWS - Neonates Weight < 750 Grams		75	61	136	8,048	10,207	9,016	2.7	3.3	3.0
625		Pix9	75	61	136	8,048	10,207	9,016	2.7	3.3	3.0
626	PWS - Neonates Weight 750-999 Grams		108	117	225	77,736	79,262	78,530	41.5	38.9	40.2
626		Pix9	108	117	225	77,736	79,262	78,530	41.5	38.9	40.2
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		4	8	12	66,695	56,360	59,805	33.3	32.8	32.9
627		Pix9	4	8	12	66,695	56,360	59,805	33.3	32.8	32.9
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		356	343	699	38,067	36,515	37,305	26.8	25.1	26.0
628		Pix9	356	343	699	38,067	36,515	37,305	26.8	25.1	26.0
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		4	5	9	56,543	18,004	35,133	28.0	12.2	19.2
630		Pix9	4	5	9	56,543	18,004	35,133	28.0	12.2	19.2
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		222	186	408	25,374	22,341	23,992	17.5	16.2	16.9
631		Pix9	222	186	408	25,374	22,341	23,992	17.5	16.2	16.9
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		553	482	1,035	13,400	13,468	13,432	14.0	13.5	13.8
632		Pix9	553	482	1,035	13,400	13,468	13,432	14.0	13.5	13.8
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		1	7	8	14,954	19,961	19,335	16.0	8.9	9.8

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
636		Ptx9	1	7	8	14,954	19,961	19,335	16.0	8.9	9.8
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		165	199	364	17,899	18,322	18,130	12.1	11.0	11.5
637		Ptx9	165	199	364	17,899	18,322	18,130	12.1	11.0	11.5
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		233	256	489	11,008	11,714	11,378	9.5	9.4	9.5
638		Ptx9	233	256	489	11,008	11,714	11,378	9.5	9.4	9.5
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		1,007	884	1,891	4,747	4,734	4,741	5.6	5.5	5.5
639		Ptx9	1,007	884	1,891	4,747	4,734	4,741	5.6	5.5	5.5
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		215	216	431	973	1,100	1,037	1.6	1.8	1.7
640		Ptx9	215	216	431	973	1,100	1,037	1.6	1.8	1.7
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		25	41	66	18,889	23,326	21,645	8.2	7.8	7.9
643		Ptx9	25	41	66	18,889	23,326	21,645	8.2	7.8	7.9
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		601	662	1,263	10,382	10,026	10,195	5.4	5.3	5.3
644		Ptx9	601	662	1,263	10,382	10,026	10,195	5.4	5.3	5.3
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		1,280	1,340	2,620	3,905	3,766	3,834	3.4	3.4	3.4
645		Ptx9	1,280	1,340	2,620	3,905	3,766	3,834	3.4	3.4	3.4
646	Neonates Weight > 2500 gm With Caesarian Delivery		4,750	4,369	9,119	1,303	1,416	1,357	2.6	2.7	2.7
646		Ptx9	4,750	4,369	9,119	1,303	1,416	1,357	2.6	2.7	2.7
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		1,909	1,989	3,898	1,886	1,767	1,825	2.2	2.1	2.1
647		Ptx9	1,909	1,989	3,898	1,886	1,767	1,825	2.2	2.1	2.1
648	Neonates Weight > 2500 gm (Normal Newborn)		16,785	16,439	33,224	713	774	743	1.3	1.3	1.3
648		Ptx9	16,785	16,439	33,224	713	774	743	1.3	1.3	1.3
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		112	126	238	89,726	85,646	87,566	42.7	39.8	41.2
650		Ptx1	6	3	9	21,760	24,513	22,677	17.5	12.7	15.9
650		Ptx2	4	7	11	41,999	40,921	41,313	23.0	23.6	23.4
650		Ptx3	2	7	9	53,879	54,586	54,429	33.0	33.0	33.0
650		Ptx4	101	108	209	97,050	92,495	94,696	46.1	41.9	43.9
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		2	1	3	24,873	18,657	22,134	10.0	9.0	9.7

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
651		Pix9	2	1	3	24,873	16,657	22,134	10.0	9.0	9.7
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		3	7	10	91,132	63,411	71,727	26.3	28.6	27.9
652		Pix9	3	7	10	91,132	63,411	71,727	26.3	28.6	27.9
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		17	16	33	36,331	51,370	43,623	19.8	28.2	23.8
653		Pix9	17	16	33	36,331	51,370	43,623	19.8	28.2	23.8
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		6	4	10	23,659	34,836	28,130	7.8	10.8	9.0
654		Pix9	6	4	10	23,659	34,836	28,130	7.8	10.8	9.0
655	PWS - Spinal Procedures With Femur Procedures For Trauma		5	6	11	40,057	35,699	37,680	24.6	15.7	19.7
655		Pix9	5	6	11	40,057	35,699	37,680	24.6	15.7	19.7
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		2	1	3	54,213	46,669	51,698	22.0	41.0	28.3
656		Pix9	2	1	3	54,213	46,669	51,698	22.0	41.0	28.3
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		25	24	49	30,882	25,677	28,333	13.7	15.2	14.4
657		Pix9	25	24	49	30,882	25,677	28,333	13.7	15.2	14.4
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		65	77	142	29,200	27,590	28,327	17.2	15.9	16.5
658		Pix9	65	77	142	29,200	27,590	28,327	17.2	15.9	16.5
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		13	13	26	57,832	46,840	52,336	28.4	23.5	26.0
659		Pix9	13	13	26	57,832	46,840	52,336	28.4	23.5	26.0
660	PWS - Intracranial Procedures For Trauma		142	143	285	19,237	16,035	17,630	8.1	7.0	7.6
660		Pix1	65	72	137	7,639	8,114	7,889	4.5	4.3	4.4
660		Pix2	21	24	45	18,027	12,875	15,280	7.7	6.0	6.8
660		Pix3	8	5	13	21,301	12,540	17,931	6.4	8.0	7.0
660		Pix4	45	36	81	39,895	35,350	37,875	15.6	12.4	14.1
661	PWS - Spinal Procedures For Trauma		111	127	238	20,523	19,479	19,966	11.3	11.0	11.1
661		Pix1	60	66	126	12,430	11,684	12,039	7.5	6.7	7.0

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
661		Pix2	20	36	56	20,367	19,743	19,966	13.1	11.6	12.1
661		Pix3	9	12	21	19,396	33,321	27,353	14.3	22.9	19.2
661		Pix4	18	18	36	43,985	58,404	51,194	17.9	33.1	25.5
662	Femur Or Pelvic Procedures For Trauma		1,247	1,087	2,334	10,376	9,974	10,189	10.0	9.5	9.7
662		Pix1	856	745	1,601	8,293	8,215	8,257	7.9	7.6	7.8
662		Pix2	214	196	410	13,700	12,516	13,134	14.0	13.0	13.5
662		Pix3	97	87	184	17,837	15,757	16,854	18.5	17.1	17.8
662		Pix4	97	74	171	24,645	23,010	23,938	22.5	21.9	22.3
663	Thoraco-Abdominal Procedures For Trauma		186	143	329	10,647	12,168	11,308	7.0	7.6	7.3
663		Pix1	110	76	186	8,075	8,197	8,125	6.0	6.1	6.0
663		Pix2	32	30	62	11,408	12,655	12,011	7.5	8.8	8.1
663		Pix3	21	18	39	16,201	15,616	15,931	11.1	9.3	10.3
663		Pix4	36	25	61	38,765	33,656	36,671	18.6	15.8	17.4
664	Wound Debridement And Skin Graft For Trauma		226	259	485	13,159	12,853	12,995	9.3	9.3	9.3
664		Pix1	178	201	379	9,428	9,425	9,426	7.4	7.2	7.3
664		Pix2	19	28	47	17,925	22,267	20,512	14.1	17.5	16.1
664		Pix3	16	20	36	28,156	27,456	27,767	18.3	21.4	20.0
664		Pix4	17	25	42	40,791	43,229	42,242	22.9	26.3	24.9
665	PWS - Elevated Skull Fractures		14	18	32	8,998	8,283	8,596	3.9	4.9	4.5
665		Pix1	11	15	26	8,650	8,516	8,572	3.5	4.9	4.3
665		Pix2	2	3	5	6,842	7,122	7,010	3.0	5.0	4.2
665		Pix3	1		1	17,138		17,138	10.0		10.0
665		Pix4	1		1	39,234		39,234	18.0		18.0
666	Major Lower Extremity Procedures For Trauma		2,083	1,994	4,077	4,416	4,279	4,349	3.0	2.9	3.0
666		Pix1	2,015	1,918	3,933	4,319	4,142	4,232	2.9	2.8	2.9
666		Pix2	113	96	209	13,144	11,514	12,395	9.9	8.6	9.3
666		Pix3	39	40	79	14,371	16,272	15,334	11.5	13.0	12.3
666		Pix4	18	37	55	31,463	31,165	31,263	26.6	21.8	23.4
667	Minor Lower Extremity Procedures For Trauma		46	71	117	3,825	4,579	4,283	2.7	2.9	2.8
667		Pix1	46	68	114	3,825	4,022	3,943	2.7	2.6	2.7

N/A -- Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
667		Pix2	1	3	4	19,619	17,213	17,814	13.0	8.7	9.8
667		Pix3									
667		Pix4	1	1	2	22,387	32,131	27,259	16.0	15.0	15.5
668	Miscellaneous Musculoskeletal Procedures For Trauma		427	402	829	5,019	4,862	4,943	3.0	3.1	3.1
668		Pix1	405	371	776	4,834	4,758	4,798	2.9	3.1	3.0
668		Pix2	25	33	58	10,470	7,726	8,909	6.4	5.2	5.7
668		Pix3	4	4	8	22,886	16,073	19,480	15.0	8.3	11.6
668		Pix4	2	6	8	29,060	37,550	35,428	8.5	17.2	15.0
669	Vascular Repair For Trauma		98	61	159	5,289	5,849	5,504	2.4	3.2	2.7
669		Pix1	89	52	141	4,840	4,789	4,821	2.3	2.7	2.4
669		Pix2	1	5	6	5,049	13,812	12,352	4.0	6.6	6.2
669		Pix3	6	3	9	14,821	15,089	14,910	9.5	8.0	9.0
669		Pix4	2	1	3	10,067	7,059	9,064	1.0	4.0	2.0
670	Upper Extremity Procedures For Trauma		1,680	1,605	3,285	2,919	2,948	2,933	1.7	1.7	1.7
670		Pix1	1,661	1,587	3,248	2,896	2,915	2,905	1.7	1.7	1.7
670		Pix2	47	50	97	8,395	9,410	8,918	6.3	6.7	6.5
670		Pix3	11	9	20	14,843	16,899	15,768	12.4	12.4	12.4
670		Pix4	12	6	18	36,319	26,347	32,995	24.8	27.7	25.7
674	PWS - Intracranial Injuries With Spinal Injuries		24	31	55	14,419	14,343	14,376	8.7	8.6	8.7
674		Pix9	24	31	55	14,419	14,343	14,376	8.7	8.6	8.7
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		6	11	17	16,453	10,193	12,403	8.0	8.6	8.4
675		Pix9	6	11	17	16,453	10,193	12,403	8.0	8.6	8.4
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		35	30	65	17,059	17,680	17,345	9.4	11.2	10.2
676		Pix9	35	30	65	17,059	17,680	17,345	9.4	11.2	10.2
677	Spinal Injuries With Fractures Of Femur		58	57	115	8,255	7,639	7,949	8.7	8.8	8.7
677		Pix9	58	57	115	8,255	7,639	7,949	8.7	8.8	8.7
678	Spinal Injuries With Thoraco-Abdominal Injuries		81	68	149	9,457	8,133	8,852	7.8	7.4	7.6
678		Pix9	81	68	149	9,457	8,133	8,852	7.8	7.4	7.6
679	Fractures Of Femur With Thoraco-Abdominal Injuries		27	30	57	8,938	8,897	8,916	9.9	9.1	9.5
679		Pix9	27	30	57	8,938	8,897	8,916	9.9	9.1	9.5

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
680	Femur Or Pelvic Fractures And Dislocations		341	355	696	6,708	6,324	6,512	9.8	9.6	9.7
680		Pix1	246	269	515	5,762	5,023	5,376	8.6	7.9	8.2
680		Pix2	53	53	106	8,923	11,845	10,384	12.7	17.7	15.2
680		Pix3	28	19	47	9,781	9,341	9,603	12.9	14.7	13.6
680		Pix4	15	16	31	23,201	9,702	16,234	29.7	10.2	19.6
681	Frostbite		15	19	34	10,697	8,672	9,565	12.9	12.4	12.6
681		Pix1	13	18	31	8,742	8,923	8,847	10.5	12.6	11.7
681		Pix2	1	1	2	39,554	4,138	21,846	47.0	10.0	28.5
681		Pix3	1		1	7,255		7,255	10.0		10.0
681		Pix4									
682	Spinal Injuries		338	360	698	4,594	4,851	4,727	5.6	5.6	5.6
682		Pix1	275	275	550	3,856	4,010	3,933	4.8	4.7	4.8
682		Pix2	38	67	105	6,004	5,544	5,711	7.0	7.4	7.2
682		Pix3	13	15	28	13,320	15,285	14,373	17.4	19.3	18.4
682		Pix4	18	13	31	24,739	27,566	25,925	26.4	32.2	28.8
683	Intracranial Injuries		297	288	585	5,323	5,608	5,463	4.2	4.4	4.3
683		Pix1	230	200	430	4,208	3,996	4,109	3.6	3.3	3.5
683		Pix2	15	20	35	9,630	5,322	7,168	10.6	5.9	7.9
683		Pix3	38	44	82	8,014	8,397	8,219	6.0	7.0	6.5
683		Pix4	27	30	57	19,064	21,615	20,407	14.1	15.0	14.6
684	Fracture Of Humerus		96	92	188	5,315	4,620	4,975	7.8	7.9	7.8
684		Pix1	79	72	151	3,387	3,373	3,380	5.1	5.6	5.3
684		Pix2	9	13	22	13,043	12,999	13,017	20.6	22.8	21.9
684		Pix3	3	7	10	11,291	11,030	11,108	13.0	16.9	15.7
684		Pix4	4	1	5	18,815	27,507	20,554	28.8	51.0	33.2
685	Hip And Thigh Injuries		29	37	66	3,374	5,064	4,321	5.3	7.8	6.7
685		Pix1	26	31	57	3,478	3,859	3,685	5.4	6.1	5.8
685		Pix2	4	3	7	5,119	10,835	7,569	11.3	16.3	13.4
685		Pix3	2	3	5	22,585	19,012	20,441	42.0	35.0	37.8
685		Pix4		2	2		14,669	14,669		16.5	16.5

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
686	Major Nerve Injuries		9	3	12	9,795	6,217	8,901	4.6	6.3	5.0
686		Pix1	8	2	10	10,671	6,147	9,766	4.5	6.0	4.8
686		Pix2		1	1		6,357	6,357		7.0	7.0
686		Pix3	1	1	2	2,791	16,592	9,692	5.0	25.0	15.0
686		Pix4									
687	Thoraco-Abdominal Injuries		527	515	1,042	5,267	4,837	5,054	5.2	4.9	5.1
687		Pix1	436	425	861	4,355	4,149	4,253	4.6	4.4	4.5
687		Pix2	44	49	93	7,179	6,415	6,776	8.0	6.4	7.2
687		Pix3	29	23	52	10,932	9,542	10,317	11.0	9.9	10.5
687		Pix4	26	26	52	19,496	17,888	18,692	12.3	13.7	13.0
688	Weight Bearing Injuries		267	318	585	2,788	2,728	2,755	3.4	3.2	3.3
688		Pix1	229	284	513	2,142	2,247	2,200	2.4	2.4	2.4
688		Pix2	19	23	42	6,824	9,000	8,015	9.6	14.7	12.4
688		Pix3	9	12	21	26,008	13,677	18,962	37.1	23.7	29.4
688		Pix4	8	3	11	21,299	23,090	21,787	26.5	35.3	28.9
689	Genito-Urinary Injuries		50	59	109	2,970	3,496	3,255	3.5	3.6	3.6
689		Pix1	46	47	93	3,064	2,548	2,803	3.6	2.9	3.2
689		Pix2	4	8	12	4,899	5,823	5,515	6.5	5.4	5.8
689		Pix3	1	2	3	1,403	4,756	3,639	1.0	4.5	3.3
689		Pix4	3	2	5	17,354	34,868	24,360	17.0	16.5	16.8
690	Crushing Injuries And Contusions		84	100	184	2,620	2,698	2,662	2.9	3.3	3.1
690		Pix1	77	90	167	2,491	2,355	2,418	2.7	2.7	2.7
690		Pix2	1	9	10	523	6,904	6,266	1.0	9.7	8.8
690		Pix3	5	4	9	3,880	10,871	6,987	6.6	19.3	12.2
690		Pix4	1		1	14,199		14,199	16.0		16.0
691	Minor Lower Extremity Fractures		19	28	47	1,992	2,401	2,235	2.1	2.4	2.3
691		Pix1	17	27	44	1,818	2,290	2,108	1.8	2.3	2.1
691		Pix2	2		2	3,465		3,465	4.5		4.5
691		Pix3		1	1		5,395	5,395		5.0	5.0
691		Pix4									

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
692	Wounds		539	511	1,050	2,525	2,587	2,555	1.9	2.1	2.0
692		Ptx1	493	456	949	2,276	2,269	2,273	1.6	1.7	1.6
692		Ptx2	13	14	27	6,235	6,299	6,268	5.2	7.5	6.4
692		Ptx3	8	8	16	4,441	4,610	4,526	5.1	4.5	4.8
692		Ptx4	7	2	9	10,892	8,059	10,263	7.4	12.5	8.6
693	Amputations Or Vascular And Other Nerve Injuries		96	66	162	2,685	2,892	2,769	1.6	1.6	1.6
693		Ptx1	94	64	158	2,637	2,905	2,746	1.5	1.6	1.6
693		Ptx2	1	3	4	9,557	4,703	5,917	6.0	3.0	3.8
693		Ptx3	3		3	7,180		7,180	4.3		4.3
693		Ptx4	1	1	2	55,162	7,115	31,139	28.0	7.0	17.5
694	Facial Injuries		193	177	370	2,677	2,787	2,730	2.1	2.2	2.2
694		Ptx1	188	171	359	2,612	2,749	2,678	2.1	2.2	2.1
694		Ptx2	5	7	12	6,664	6,376	6,496	5.8	6.1	6.0
694		Ptx3	1	2	3	1,755	3,248	2,751	2.0	3.5	3.0
694		Ptx4		1	1		11,257	11,257		9.0	9.0
695	Other Cranial Injuries		318	303	621	2,831	2,984	2,906	2.5	2.2	2.3
695		Ptx1	229	234	463	1,990	1,973	1,982	1.8	1.7	1.8
695		Ptx2	21	23	44	6,585	6,442	6,510	6.2	5.0	5.6
695		Ptx3	35	30	65	4,992	5,547	5,248	4.7	3.8	4.2
695		Ptx4	24	22	46	16,104	19,675	17,812	9.2	10.5	9.8
696	Upper Extremity Fractures		254	273	527	1,929	1,857	1,892	1.6	1.6	1.6
696		Ptx1	249	264	513	1,901	1,840	1,870	1.6	1.5	1.6
696		Ptx2	14	20	34	8,612	6,309	7,257	13.4	7.7	10.0
696		Ptx3	10	6	16	8,335	10,405	9,111	12.3	16.8	14.0
696		Ptx4	4	6	10	23,970	17,374	20,012	34.8	25.3	29.1
700	PWS - Bone Marrow Transplant		153	153	306	52,945	51,799	52,372	27.2	30.3	28.7
700		Ptx1	17	13	30	33,298	29,646	31,715	18.1	19.0	18.5
700		Ptx2	11	12	23	45,075	32,122	38,317	24.0	19.6	21.7
700		Ptx3	12	25	37	44,308	49,224	47,629	23.6	29.6	27.7
700		Ptx4	114	103	217	58,157	57,829	58,001	29.7	33.1	31.3

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
701	Splenectomy		76	64	140	7,770	8,674	8,184	4.6	5.1	4.8
701		Pix1	71	44	115	7,390	7,318	7,363	4.4	3.9	4.2
701		Pix2	3	9	12	8,806	8,313	8,436	7.0	4.9	5.4
701		Pix3	1	6	7	8,297	10,753	10,402	7.0	5.7	5.9
701		Pix4	1	7	8	31,093	45,706	43,879	10.0	33.4	30.5
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		85	96	181	7,146	6,810	6,968	4.7	4.2	4.5
703		Pix1	70	80	150	5,478	5,455	5,466	3.9	3.2	3.6
703		Pix2	9	11	20	10,119	8,900	9,448	6.1	6.8	6.5
703		Pix3	5	2	7	16,490	23,462	18,482	11.8	14.5	12.6
703		Pix4	7	6	13	59,872	45,009	53,012	38.7	25.0	32.4
704	Red Blood Cell Disorders		469	464	933	4,927	4,820	4,874	5.6	5.8	5.7
704		Pix1	367	342	709	4,076	3,823	3,954	4.8	5.0	4.9
704		Pix2	58	69	127	7,357	6,453	6,866	8.5	8.2	8.3
704		Pix3	30	40	70	8,149	10,049	9,235	10.2	10.3	10.2
704		Pix4	21	28	49	16,665	17,892	17,366	15.0	16.9	16.1
709	Coagulation Disorders		185	205	390	3,300	4,114	3,728	3.6	4.2	3.9
709		Pix1	159	163	322	2,877	2,818	2,847	3.2	3.3	3.2
709		Pix2	11	19	30	5,844	6,825	6,466	6.5	7.7	7.2
709		Pix3	13	15	28	10,466	6,920	8,566	11.3	8.9	10.0
709		Pix4	8	13	21	17,429	21,151	19,733	12.8	18.5	16.3
710	Reticuloendothelial And Immunity Disorders		403	377	780	5,971	5,334	5,663	5.0	4.8	4.9
710		Pix1	334	276	610	5,148	4,355	4,789	4.5	4.2	4.3
710		Pix2	40	57	97	8,933	7,209	7,920	7.3	5.8	6.4
710		Pix3	20	32	52	9,882	7,907	8,667	7.3	7.5	7.4
710		Pix4	9	17	26	19,947	23,981	22,584	13.4	16.6	15.5
725	Major Leukemia And Lymphoma Procedures		123	141	264	8,403	9,136	8,795	6.1	6.3	6.2
725		Pix1	92	108	200	5,986	6,892	6,475	3.9	4.2	4.1
725		Pix2	13	9	22	8,025	16,597	11,532	6.9	13.1	9.5
725		Pix3	8	15	23	16,398	14,841	15,382	14.9	13.3	13.8
725		Pix4	20	21	41	46,631	53,840	50,323	36.0	37.8	36.9

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
726	Acute Leukemia Without Major Procedures		230	208	438	24,379	21,222	22,880	18.5	17.2	17.8
726		Pix1	87	78	165	11,680	9,637	10,714	8.5	7.9	8.2
726		Pix2	14	25	39	20,261	17,605	18,559	17.4	14.5	15.5
726		Pix3	38	23	61	24,196	19,974	22,604	19.1	18.1	18.7
726		Pix4	89	83	172	38,274	34,665	36,532	28.2	27.8	28.0
728	Lymphoma And Chronic Leukemia With Other Procedures		181	205	386	13,937	12,138	12,982	12.3	9.6	10.9
728		Pix1	107	139	246	8,320	6,491	7,287	7.2	5.7	6.4
728		Pix2	15	23	38	19,270	13,276	15,642	19.3	13.0	15.5
728		Pix3	18	13	31	12,438	10,410	11,588	10.4	10.5	10.5
728		Pix4	41	31	72	32,003	51,300	40,311	27.4	34.1	30.3
730	Lymphoma And Chronic Leukemia		408	399	807	10,260	10,969	10,611	10.8	11.9	11.3
730		Pix1	204	173	377	6,008	6,252	6,120	6.9	7.1	7.0
730		Pix2	90	84	174	10,545	9,977	10,271	12.9	11.8	12.4
730		Pix3	48	48	96	10,998	12,244	11,621	11.8	13.9	12.8
730		Pix4	66	97	163	26,102	21,544	23,390	21.1	21.4	21.3
733	Major Ill-Defined Neoplasm Procedures		51	67	118	12,457	14,320	13,515	9.9	10.4	10.2
733		Pix1	24	40	64	9,442	9,825	9,681	7.0	6.2	6.5
733		Pix2	14	12	26	10,919	14,910	12,761	10.6	13.3	11.8
733		Pix3	8	4	12	23,056	23,569	23,227	18.6	14.0	17.1
733		Pix4	8	14	22	28,471	35,165	32,731	26.0	33.4	30.7
734	Ill-Defined Neoplasm With Other Procedures		49	69	118	6,597	8,057	7,451	5.2	5.9	5.6
734		Pix1	36	56	92	5,934	5,556	5,704	3.9	3.8	3.9
734		Pix2	5	4	9	7,787	15,291	11,122	6.2	14.5	9.9
734		Pix3	6	7	13	13,978	21,418	17,984	18.7	16.1	17.3
734		Pix4	3	6	9	8,765	51,295	37,119	10.3	39.5	29.8
735	PWS - Radiation Therapy		169	167	336	4,510	4,908	4,708	5.0	5.2	5.1
735		Pix1	155	142	297	3,902	3,908	3,905	4.2	4.1	4.1
735		Pix2	7	14	21	8,873	8,352	8,526	12.3	8.9	10.0
735		Pix3	8	5	13	26,121	14,831	21,779	30.1	18.4	25.6
735		Pix4	5	10	15	23,915	21,615	22,382	26.8	24.5	25.3

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
736	Chemotherapy		732	714	1,446	4,856	4,755	4,806	3.4	3.2	3.3
736		Ptx1	696	673	1,369	4,728	4,558	4,645	3.3	3.1	3.2
736		Ptx2	13	12	25	6,746	8,033	7,364	4.8	5.4	5.1
736		Ptx3	18	29	47	11,214	11,009	11,088	9.4	9.6	9.6
736		Ptx4	45	27	72	20,325	21,236	20,666	19.9	20.7	20.2
737	Other Poorly Differentiated Neoplastic Diagnoses		99	82	181	9,523	7,928	8,801	11.5	9.4	10.5
737		Ptx1	44	33	77	6,805	4,570	5,847	8.1	5.2	6.9
737		Ptx2	27	26	53	10,907	9,471	10,202	13.6	10.7	12.1
737		Ptx3	15	14	29	14,663	9,448	12,145	18.1	11.4	14.9
737		Ptx4	16	10	26	15,793	15,697	15,756	19.9	20.0	19.9
750	Multisystemic Or Unspecified Site Infections With Surgery		354	343	697	23,390	21,544	22,481	16.0	15.1	15.6
750		Ptx1	165	155	320	7,859	8,613	8,224	7.5	8.4	7.9
750		Ptx2	36	43	79	16,948	16,411	16,656	15.3	16.0	15.7
750		Ptx3	30	36	66	18,432	16,846	17,567	17.4	15.6	16.4
750		Ptx4	141	123	264	65,103	55,823	60,779	35.6	32.6	34.2
751	Septicemia		524	443	967	9,934	9,148	9,574	8.0	7.9	8.0
751		Ptx1	211	185	396	5,091	4,911	5,007	6.0	6.3	6.1
751		Ptx2	72	60	132	7,395	7,620	7,497	7.7	8.7	8.1
751		Ptx3	74	78	152	10,358	9,973	10,160	8.9	8.8	8.8
751		Ptx4	174	133	307	18,133	21,176	19,451	11.7	12.6	12.1
756	Post-Operative And Post-Traumatic Infections		325	320	645	3,809	3,545	3,678	5.0	4.8	4.9
756		Ptx1	292	276	568	3,739	3,447	3,597	5.0	4.7	4.8
756		Ptx2	19	28	47	4,719	4,474	4,573	6.4	6.0	6.2
756		Ptx3	16	16	32	6,442	4,792	5,617	8.3	6.3	7.3
756		Ptx4	12	12	24	20,069	18,426	19,248	16.6	21.1	18.8
757	Viral Illness		215	199	414	3,133	2,895	3,018	3.3	3.3	3.3
757		Ptx1	175	159	334	2,480	2,495	2,487	2.8	2.7	2.7
757		Ptx2	21	18	39	4,189	4,064	4,132	4.0	4.8	4.4
757		Ptx3	6	11	17	4,706	4,439	4,533	5.0	4.5	4.6
757		Ptx4	13	6	19	24,196	11,729	20,259	17.8	9.3	15.2

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
761	Fever Of Unknown Origin		199	220	419	2,792	2,659	2,723	3.0	2.8	2.9
761		Plx1	184	181	365	2,845	2,522	2,685	3.3	2.8	3.0
761		Plx2	26	38	64	5,740	4,223	4,839	5.5	4.2	4.8
761		Plx3	11	13	24	6,263	6,357	6,314	8.0	7.9	8.0
761		Plx4	2	6	8	9,148	25,651	21,525	12.5	22.0	19.6
763	Other Infectious Diagnoses		116	89	205	6,906	5,573	6,327	6.7	6.1	6.4
763		Plx1	75	66	141	4,779	4,801	4,789	5.6	5.4	5.5
763		Plx2	15	5	20	8,334	7,427	8,107	7.4	13.4	8.9
763		Plx3	14	15	29	5,938	8,754	7,395	6.9	8.5	7.7
763		Plx4	15	6	21	23,889	28,562	25,224	20.7	17.7	19.9
764	Depressive Mood Disorders With ECT		273	342	615	18,398	18,703	18,567	38.2	37.3	37.7
764		Plx9	273	342	615	18,398	18,703	18,567	38.2	37.3	37.7
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		286	303	589	13,870	14,427	14,157	26.0	26.9	26.5
765		Plx9	286	303	589	13,870	14,427	14,157	26.0	26.9	26.5
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		975	893	1,868	9,414	9,704	9,553	19.9	20.1	20.0
766		Plx9	975	893	1,868	9,414	9,704	9,553	19.9	20.1	20.0
767	Depressive Mood Disorders LOS < 6 Days		305	280	585	2,355	1,906	2,140	3.0	2.9	2.9
767		Plx9	305	280	585	2,355	1,906	2,140	3.0	2.9	2.9
768	Bipolar Mood Disorders, Manic With ECT		20	35	55	18,904	18,959	18,939	37.1	35.3	36.0
768		Plx9	20	35	55	18,904	18,959	18,939	37.1	35.3	36.0
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		80	95	175	15,500	15,907	15,721	25.3	28.6	27.1
769		Plx9	80	95	175	15,500	15,907	15,721	25.3	28.6	27.1
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		531	515	1,046	11,328	10,862	11,098	21.0	21.2	21.1
770		Plx9	531	515	1,046	11,328	10,862	11,098	21.0	21.2	21.1
771	Bipolar Mood Disorders LOS < 6 Days		78	105	183	2,460	2,122	2,266	3.2	3.1	3.1
771		Plx9	78	105	183	2,460	2,122	2,266	3.2	3.1	3.1
772	Dementia With Or Without Delirium With Axis III Diagnosis		341	354	695	22,672	25,509	24,117	38.8	44.1	41.5
772		Plx9	341	354	695	22,672	25,509	24,117	38.8	44.1	41.5

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
773	Dementia With Or Without Delirium Without Axis III Diagnosis		243	253	496	18,240	19,090	18,674	32.4	33.8	33.1
773		Pix9	243	253	496	18,240	19,090	18,674	32.4	33.8	33.1
774	Organic Mental Disorders Induced By Drugs		317	253	570	5,932	5,678	5,819	9.1	9.2	9.1
774		Pix9	317	253	570	5,932	5,678	5,819	9.1	9.2	9.1
775	Schizophrenia And Other Psychotic Disorders With ECT		42	45	87	25,159	25,881	25,533	44.0	45.6	44.8
775		Pix9	42	45	87	25,159	25,881	25,533	44.0	45.6	44.8
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		196	229	425	17,190	17,265	17,231	30.4	29.9	30.1
776		Pix9	196	229	425	17,190	17,265	17,231	30.4	29.9	30.1
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		1,259	1,163	2,422	13,391	12,743	13,080	25.6	24.2	24.9
777		Pix9	1,259	1,163	2,422	13,391	12,743	13,080	25.6	24.2	24.9
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		248	241	489	2,242	2,143	2,193	2.9	3.1	3.0
778		Pix9	248	241	489	2,242	2,143	2,193	2.9	3.1	3.0
779	Dissociative Disorders		52	66	118	4,681	5,362	5,062	6.5	7.0	6.8
779		Pix9	52	66	118	4,681	5,362	5,062	6.5	7.0	6.8
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		140	139	279	6,471	6,088	6,280	7.7	8.8	8.2
780		Pix9	140	139	279	6,471	6,088	6,280	7.7	8.8	8.2
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		166	136	302	3,257	3,188	3,226	4.8	5.2	5.0
781		Pix9	166	136	302	3,257	3,188	3,226	4.8	5.2	5.0
783	Psychoactive Substance Dependence		398	289	687	5,827	5,706	5,776	9.2	9.1	9.2
783		Pix9	398	289	687	5,827	5,706	5,776	9.2	9.1	9.2
784	Psychoactive Substance Abuse		330	256	586	3,027	2,907	2,975	4.3	4.2	4.3
784		Pix9	330	256	586	3,027	2,907	2,975	4.3	4.2	4.3
785	Developmental Delay		54	42	96	16,575	14,582	15,703	23.5	21.8	22.7
785		Pix9	54	42	96	16,575	14,582	15,703	23.5	21.8	22.7
786	Disruptive Behaviour Disorders		195	248	443	14,367	12,058	13,074	19.0	17.4	18.1
786		Pix9	195	248	443	14,367	12,058	13,074	19.0	17.4	18.1
787	Eating Disorders		107	110	217	15,854	16,334	16,097	25.6	27.1	26.3
787		Pix9	107	110	217	15,854	16,334	16,097	25.6	27.1	26.3

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		167	158	325	12,450	12,818	12,629	19.5	20.8	20.1
788		Pix9	167	158	325	12,450	12,818	12,629	19.5	20.8	20.1
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		115	112	227	10,598	9,060	9,839	17.3	16.4	16.9
789		Pix9	115	112	227	10,598	9,060	9,839	17.3	16.4	16.9
790	Somatoform Disorders		26	23	49	3,333	4,942	4,089	5.2	7.8	6.4
790		Pix9	26	23	49	3,333	4,942	4,089	5.2	7.8	6.4
791	Anxiety Disorders (MNRH)		164	168	332	6,710	6,598	6,653	11.5	11.7	11.6
791		Pix9	164	168	332	6,710	6,598	6,653	11.5	11.7	11.6
792	Adjustment Disorders (MNRH)		1,382	1,256	2,638	2,789	2,739	2,765	3.8	4.0	3.9
792		Pix9	1,382	1,256	2,638	2,789	2,739	2,765	3.8	4.0	3.9
793	Personality Disorders With Axis III Diagnosis (MNRH)		46	26	72	5,987	6,884	6,311	8.5	10.9	9.4
793		Pix9	46	26	72	5,987	6,884	6,311	8.5	10.9	9.4
794	Personality Disorders Without Axis III Diagnosis (MNRH)		340	200	540	2,784	2,834	2,803	3.9	4.3	4.0
794		Pix9	340	200	540	2,784	2,834	2,803	3.9	4.3	4.0
795	Sexual Dysfunction And Sexual Disorders (MNRH)		15	18	33	12,053	10,643	11,284	13.1	14.4	13.8
795		Pix9	15	18	33	12,053	10,643	11,284	13.1	14.4	13.8
796	Specific Developmental Disorders (MNRH)		11	5	16	10,544	13,313	11,409	14.1	19.2	15.7
796		Pix9	11	5	16	10,544	13,313	11,409	14.1	19.2	15.7
797	Miscellaneous Psychiatric Diagnoses (MNRH)		41	67	108	7,932	8,886	8,524	10.9	13.8	12.7
797		Pix9	41	67	108	7,932	8,886	8,524	10.9	13.8	12.7
803	Extensive Procedures For Injury Or Complication Of Treatment		310	297	607	17,997	16,405	17,218	12.5	12.2	12.3
803		Pix1	181	161	342	10,467	9,882	10,192	7.6	7.1	7.3
803		Pix2	30	42	72	16,689	10,759	13,230	10.0	8.7	9.2
803		Pix3	31	30	61	22,621	20,073	21,368	17.0	16.2	16.6
803		Pix4	82	61	143	64,890	48,137	57,744	37.2	34.2	35.9
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		638	611	1,249	5,689	5,780	5,734	4.2	4.2	4.2
804		Pix1	530	496	1,026	4,234	4,300	4,266	3.0	3.0	3.0

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
804		Pix2	60	46	106	11,199	11,167	11,185	10.6	9.7	10.2
804		Pix3	30	40	70	13,622	12,448	12,952	11.6	9.9	10.6
804		Pix4	45	54	99	44,224	39,418	41,603	29.4	25.6	27.3
805	MNRH Procedures For Injury Or Complication Of Treatment		137	147	284	4,365	3,716	4,029	3.5	3.4	3.4
805		Pix1	124	124	248	3,835	3,255	3,545	2.9	2.8	2.9
805		Pix2	4	10	14	8,219	5,000	5,920	7.8	5.3	6.0
805		Pix3	3	7	10	13,568	7,972	9,651	14.7	7.6	9.7
805		Pix4	4	7	11	30,975	29,044	29,746	23.8	21.0	22.0
811	Allergic Reaction		49	41	90	2,130	1,858	2,006	1.7	1.9	1.8
811		Pix1	45	38	83	1,835	1,602	1,728	1.6	1.8	1.7
811		Pix2	1		1	1,189		1,189	2.0		2.0
811		Pix3	3	2	5	6,868	6,416	6,687	3.3	5.0	4.0
811		Pix4	1	5	6	5,929	8,312	7,915	8.0	6.0	6.3
813	Drug Reactions		661	698	1,359	2,953	2,387	2,662	2.5	2.2	2.4
813		Pix1	528	597	1,125	2,408	1,992	2,188	2.3	2.1	2.2
813		Pix2	45	45	90	5,239	4,910	5,075	5.2	5.8	5.5
813		Pix3	72	70	142	5,289	5,964	5,622	4.1	5.4	4.7
813		Pix4	62	52	114	12,117	16,238	13,997	8.1	9.1	8.6
818	Complications Of Treatment		1,084	932	2,016	3,589	3,431	3,516	3.9	3.9	3.9
818		Pix1	909	759	1,668	2,890	2,753	2,827	3.3	3.3	3.3
818		Pix2	95	83	178	6,905	6,212	6,582	7.0	6.3	6.7
818		Pix3	60	60	120	10,430	8,044	9,237	10.2	8.9	9.5
818		Pix4	41	40	81	18,157	12,544	15,388	15.3	10.4	12.9
823	Minor Injuries And Trauma Diagnosis		113	141	254	3,559	3,373	3,456	2.5	2.5	2.5
823		Pix1	93	118	211	2,323	2,107	2,202	1.9	1.9	1.9
823		Pix2	8	6	14	6,655	6,182	6,452	6.5	7.5	6.9
823		Pix3	8	8	16	5,870	3,685	4,778	4.6	4.5	4.6
823		Pix4	8	12	20	25,082	23,811	24,320	11.3	9.8	10.4
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		21	22	43	78,091	100,579	89,596	35.8	52.6	44.4

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
830		Ptx1	13	7	20	34,994	35,960	35,332	20.5	22.6	21.3
830		Ptx2		3	3		37,505	37,505		18.7	18.7
830		Ptx3									
830		Ptx4	8	11	19	268,318	198,587	227,947	89.8	93.6	92.0
831	Extensive Burns Without Burn Procedures		6	7	13	13,754	13,095	13,399	7.2	9.7	8.5
831		Ptx1	5	6	11	11,589	9,978	10,710	7.8	8.3	8.1
831		Ptx2									
831		Ptx3		1	1		31,802	31,802		18.0	18.0
831		Ptx4	1		1	24,579		24,579	4.0		4.0
832	PWS - Non-Extensive Burns With Skin Graft		114	115	229	16,187	17,432	16,812	11.6	12.9	12.3
832		Ptx1	102	93	195	13,150	13,583	13,356	10.4	11.1	10.8
832		Ptx2	6	7	13	25,432	24,317	24,831	17.8	17.0	17.4
832		Ptx3	5	9	14	47,355	30,000	36,198	25.4	21.1	22.6
832		Ptx4	3	9	12	158,147	58,515	83,423	62.3	38.4	44.4
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		2	1	3	2,599	9,870	5,023	2.0	9.0	4.3
833		Ptx1	2	1	3	2,599	9,870	5,023	2.0	9.0	4.3
833		Ptx2									
833		Ptx3									
833		Ptx4									
834	Non-Extensive Burns Without Burn Procedures		93	88	181	4,956	5,616	5,277	4.0	5.5	4.7
834		Ptx1	89	78	167	4,761	4,528	4,652	4.0	4.7	4.3
834		Ptx2	1	4	5	13,679	12,462	12,706	9.0	11.0	10.6
834		Ptx3	4	2	6	9,720	18,957	12,799	9.5	21.5	13.5
834		Ptx4	1	3	4	18,037	19,799	19,358	43.0	9.0	17.5
840	Other Admissions With Surgery		382	332	714	29,912	36,521	32,985	32.8	39.6	36.0
840		Ptx1	220	171	391	8,709	8,413	8,580	8.7	9.9	9.2
840		Ptx2	49	37	86	37,235	35,187	36,354	50.2	46.1	48.4
840		Ptx3	31	30	61	49,826	46,030	47,959	56.1	58.6	57.4
840		Ptx4	70	89	159	84,871	97,904	92,166	80.6	93.5	87.8

N/A – Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
841	Rehabilitation		1,738	1,766	3,504	23,945	22,669	23,302	40.0	37.4	38.7
841		Pix1	1,033	993	2,026	20,644	18,798	19,739	35.3	31.6	33.5
841		Pix2	359	371	730	27,765	26,517	27,131	44.7	43.6	44.2
841		Pix3	205	219	424	29,751	28,407	29,057	50.4	45.5	47.8
841		Pix4	163	194	357	41,505	34,415	37,652	62.3	53.2	57.3
842	Signs And Symptoms		317	272	589	6,167	5,516	5,866	10.0	8.0	9.1
842		Pix1	225	183	408	4,744	3,994	4,408	7.6	5.7	6.7
842		Pix2	51	48	99	9,556	7,585	8,601	17.1	11.8	14.5
842		Pix3	31	31	62	11,466	10,346	10,906	18.2	17.2	17.7
842		Pix4	14	16	30	19,594	22,866	21,339	26.7	27.1	26.9
846	Aftercare Following Surgery Or Treatment		1,829	1,526	3,355	1,450	1,574	1,506	1.4	1.5	1.4
846		Pix1	1,755	1,451	3,206	1,336	1,449	1,387	1.3	1.3	1.3
846		Pix2	25	29	54	6,144	4,262	5,134	5.5	3.0	4.1
846		Pix3	9	5	14	6,196	4,117	5,454	6.7	4.4	5.9
846		Pix4	2	1	3	13,899	5,613	11,137	13.0	6.0	10.7
847	Other Specified Aftercare		516	550	1,066	11,867	11,507	11,681	15.8	14.3	15.0
847		Pix1	449	471	920	11,202	10,977	11,087	15.0	13.6	14.3
847		Pix2	29	41	70	16,790	9,073	12,270	22.1	13.4	17.0
847		Pix3	18	16	34	15,178	18,596	16,787	18.4	20.3	19.3
847		Pix4	19	21	40	17,074	22,644	19,998	20.2	25.0	22.7
849	Multiple Or Unspecified Congenital Anomalies		7	10	17	13,917	15,158	14,647	8.4	10.6	9.7
849		Pix1	3	6	9	5,087	2,831	3,583	2.0	3.3	2.9
849		Pix2	2		2	24,392		24,392	12.0		12.0
849		Pix3	1	1	2	1,172	11,651	6,412	1.0	15.0	8.0
849		Pix4		1	1		21,054	21,054		18.0	18.0
850	Perinatal Conditions Age > 28 Days		67	98	165	20,022	20,880	20,532	21.0	20.3	20.6
850		Pix1	29	60	89	15,423	15,325	15,357	19.0	16.9	17.6
850		Pix2	9	6	15	21,651	38,839	28,526	22.2	34.5	27.1
850		Pix3	21	24	45	17,759	23,079	20,596	19.5	21.9	20.8
850		Pix4	8	8	16	40,804	49,829	45,316	31.0	31.4	31.2

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Plx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
851	Other Factors Causing Hospitalization		251	514	765	3,356	3,000	3,117	3.6	4.4	4.1
851		Plx1	232	478	710	3,146	2,792	2,908	3.2	4.0	3.8
851		Plx2	13	25	38	4,673	5,952	5,515	7.3	9.0	8.4
851		Plx3	4	8	12	5,892	4,002	4,632	7.0	7.5	7.3
851		Plx4	1	3	4	5,742	11,501	10,061	3.0	24.7	19.3
852	Procedures Cancelled (MNRH)		511	484	995	440	456	448	1.0	1.0	1.0
852		Plx1	499	466	965	432	443	438	1.0	1.0	1.0
852		Plx2	9	12	21	714	559	626	1.0	1.0	1.0
852		Plx3	3	6	9	984	1,193	1,123	1.0	1.0	1.0
852		Plx4									
860	Respiratory Tract Disorders With HIV		41	47	88	9,809	7,350	8,496	10.0	8.1	9.0
860		Plx9	41	47	88	9,809	7,350	8,496	10.0	8.1	9.0
861	CNS Infection With HIV		2	2	4	8,491	6,099	7,295	10.5	9.5	10.0
861		Plx9	2	2	4	8,491	6,099	7,295	10.5	9.5	10.0
862	GI And Hepatobiliary Disorders With HIV		9	10	19	3,385	3,408	3,397	4.6	4.0	4.3
862		Plx9	9	10	19	3,385	3,408	3,397	4.6	4.0	4.3
863	Ophthalmic Disorders With HIV		6	2	8	14,704	3,306	11,854	13.5	6.5	11.8
863		Plx9	6	2	8	14,704	3,306	11,854	13.5	6.5	11.8
864	Blood Infections With HIV		5	4	9	14,718	5,009	10,403	24.8	5.3	16.1
864		Plx9	5	4	9	14,718	5,009	10,403	24.8	5.3	16.1
865	Lymphoma With HIV			3	3		43,713	43,713		42.7	42.7
865		Plx9		3	3		43,713	43,713		42.7	42.7
866	Psychosocial Conditions With HIV		3	3	6	3,946	10,983	7,465	6.0	13.0	9.5
866		Plx9	3	3	6	3,946	10,983	7,465	6.0	13.0	9.5
867	Other Conditions Associated With HIV		1	4	5	16,044	11,063	12,059	23.0	7.8	10.8
867		Plx9	1	4	5	16,044	11,063	12,059	23.0	7.8	10.8
868	Miscellaneous Conditions With HIV		25	18	43	11,725	8,447	10,353	11.2	9.3	10.4
868		Plx9	25	18	43	11,725	8,447	10,353	11.2	9.3	10.4
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		43	30	73	27,798	22,364	25,565	22.8	18.5	21.0
880		Plx1	12	13	25	12,877	15,132	14,050	11.4	12.7	12.1

N/A – Not applicable

Prepared by: Health Authority Reporting and Costing

Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Pix Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
880		Pix2	9	4	13	19,866	32,254	23,677	17.3	33.0	22.2
880		Pix3	6	7	13	20,605	18,532	19,489	15.7	14.6	15.1
880		Pix4	17	7	24	51,921	47,872	50,740	43.1	35.1	40.8
881	Amputation Of Lower Limb Except Toe		228	196	424	16,835	15,842	16,376	18.1	16.7	17.5
881		Pix1	100	91	191	9,234	8,789	9,022	10.8	9.8	10.3
881		Pix2	49	40	89	15,862	17,600	16,643	16.8	18.1	17.3
881		Pix3	31	33	64	21,060	18,291	19,632	25.9	20.0	22.9
881		Pix4	56	38	94	43,135	44,080	43,517	45.7	47.4	46.4
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		8	18	26	23,861	20,614	21,613	22.5	17.4	19.0
882		Pix1	3	9	12	12,144	14,270	13,738	9.7	13.3	12.4
882		Pix2	1	2	3	23,164	11,535	15,411	32.0	8.0	16.0
882		Pix3	3	2	5	28,492	19,709	24,979	29.0	19.5	25.2
882		Pix4	2	5	7	57,998	36,026	42,304	59.5	27.6	36.7
883	Wound Debridement And Grafting Other Than Hand		26	25	51	16,842	15,149	16,012	18.0	14.6	16.3
883		Pix1	16	15	31	12,570	14,817	13,657	14.0	12.1	13.1
883		Pix2	2	4	6	6,079	8,952	7,994	5.5	8.3	7.3
883		Pix3	4	4	8	15,668	17,618	16,643	19.3	16.5	17.9
883		Pix4	4	2	6	83,218	25,102	63,846	46.5	42.5	45.2
884	Other Amputations Including Toe		43	36	79	10,587	11,812	11,145	11.4	13.5	12.4
884		Pix1	23	20	43	5,987	6,136	6,056	6.7	6.8	6.7
884		Pix2	9	8	17	8,530	13,397	10,821	10.3	17.1	13.5
884		Pix3	8	6	14	20,708	25,094	22,588	28.0	25.2	26.8
884		Pix4	5	2	7	30,935	52,669	37,145	29.8	49.0	35.3
885	PWS - Aortic Replacement		200	156	356	18,390	20,139	19,156	9.1	9.6	9.3
885		Pix1	114	70	184	14,051	15,466	14,589	6.7	7.2	6.9
885		Pix2	31	25	56	18,951	17,622	18,358	10.6	10.0	10.4
885		Pix3	22	31	53	21,690	21,633	21,656	12.1	11.2	11.6
885		Pix4	34	31	65	35,322	32,106	33,788	15.8	14.3	15.1
887	Vascular Bypass Surgery		300	369	669	14,605	13,672	14,090	9.1	8.4	8.7

N/A -- Not applicable

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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
887		Ptx1	190	216	406	11,295	11,961	11,649	7.2	7.0	7.1
887		Ptx2	43	66	109	14,061	13,850	13,933	10.5	9.2	9.7
887		Ptx3	39	50	89	18,688	13,987	16,047	12.2	9.3	10.6
887		Ptx4	33	37	70	37,628	28,042	32,561	19.2	16.3	17.7
890	Other Thoraco-Abdominal Procedures		43	33	76	18,939	13,254	16,470	11.1	11.5	11.3
890		Ptx1	22	16	38	10,075	5,975	8,348	7.1	5.3	6.3
890		Ptx2	4	4	8	10,041	9,995	10,018	5.8	7.0	6.4
890		Ptx3	7	4	11	13,010	11,794	12,567	11.0	11.8	11.3
890		Ptx4	12	6	18	50,642	27,906	43,063	27.3	17.3	24.0
891	Vascular Repair		152	128	280	10,280	10,286	10,282	5.4	5.5	5.5
891		Ptx1	108	96	204	7,195	8,116	7,628	3.9	4.0	3.9
891		Ptx2	17	11	28	11,072	12,022	11,445	7.6	8.5	8.0
891		Ptx3	13	13	26	11,252	18,167	14,710	7.5	12.8	10.2
891		Ptx4	17	11	28	40,123	30,920	36,507	21.2	17.4	19.7
892	Other Vascular Procedures		75	83	158	7,112	8,830	8,015	4.7	4.7	4.7
892		Ptx1	63	63	126	6,315	8,279	7,297	4.0	4.2	4.1
892		Ptx2	8	14	22	15,704	17,185	16,647	14.9	14.3	14.5
892		Ptx3	4	10	14	7,697	12,600	11,199	4.8	8.3	7.3
892		Ptx4	2	2	4	26,501	53,258	39,880	25.5	35.5	30.5
893	Vein Ligation And Stripping (MNRH)		25	25	50	2,029	1,607	1,818	1.0	1.0	1.0
893		Ptx1	25	23	48	2,029	1,597	1,822	1.0	1.0	1.0
893		Ptx2		2	2		1,723	1,723		1.0	1.0
893		Ptx3									
893		Ptx4									
895	Deep Vein Thrombophlebitis		253	266	519	4,888	5,062	4,977	6.9	7.2	7.1
895		Ptx1	171	183	354	4,229	4,205	4,216	6.2	6.2	6.2
895		Ptx2	56	46	102	4,939	6,198	5,507	7.1	8.0	7.5
895		Ptx3	22	38	60	12,142	9,504	10,471	16.3	14.5	15.2
895		Ptx4	10	7	17	11,965	10,333	11,293	15.6	15.3	15.5
898	Peripheral Vascular Disease		194	215	409	5,218	5,354	5,290	5.5	5.8	5.6

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
898		Ptx1	137	169	306	3,957	4,777	4,410	4.3	4.9	4.6
898		Ptx2	29	25	54	6,430	5,842	6,158	6.8	7.0	6.9
898		Ptx3	19	15	34	9,889	12,535	11,056	12.6	15.7	14.0
898		Ptx4	13	10	23	14,368	14,812	14,561	14.2	13.3	13.8
900	Extensive Unrelated O.R. Procedures		294	264	558	28,507	26,449	27,533	20.2	18.9	19.6
900		Ptx1	111	81	192	14,467	12,593	13,677	7.1	8.4	7.7
900		Ptx2	35	34	69	22,057	15,997	19,071	22.9	14.7	18.9
900		Ptx3	44	38	82	24,795	24,168	24,504	24.5	21.0	22.9
900		Ptx4	110	123	233	52,425	47,629	49,893	36.5	37.0	36.8
901	Non-Extensive Unrelated O.R. Procedures		811	722	1,533	14,776	14,002	14,411	12.0	11.4	11.7
901		Ptx1	447	401	848	7,116	5,936	6,558	6.1	4.7	5.4
901		Ptx2	96	102	198	12,883	13,463	13,182	13.4	14.0	13.7
901		Ptx3	99	81	180	19,116	19,364	19,227	20.1	19.2	19.7
901		Ptx4	196	152	348	43,937	48,467	45,915	33.1	34.5	33.7
902	Post-Operative Complications With Unrelated O.R. Procedures		83	80	163	16,523	13,304	14,943	11.8	8.7	10.3
902		Ptx1	37	45	82	5,253	7,688	6,590	3.5	5.6	4.6
902		Ptx2	16	7	23	17,346	12,205	15,782	14.1	8.6	12.4
902		Ptx3	6	8	14	18,380	20,074	19,348	18.8	16.4	17.4
902		Ptx4	24	23	47	39,936	35,591	37,810	24.8	20.7	22.8
906	Unrelated O.R. Procedures (MNRH)		157	145	302	9,814	11,374	10,563	9.7	11.5	10.5
906		Ptx1	109	87	196	5,812	6,067	5,925	5.2	6.6	5.9
906		Ptx2	21	19	40	17,084	11,608	14,483	21.7	15.9	19.0
906		Ptx3	13	16	29	14,607	16,462	15,630	19.3	18.1	18.7
906		Ptx4	16	23	39	30,203	32,432	31,517	28.3	26.5	27.2
908	Other Major Procedures For Gynecological Malignancy		14	10	24	4,842	6,630	5,587	3.7	5.4	4.4
908		Ptx1	13	7	20	4,170	4,980	4,454	2.9	4.0	3.3
908		Ptx2	1	1	2	16,922	8,161	12,542	16.0	6.0	11.0
908		Ptx3		2	2		13,835	13,835		14.0	14.0
908		Ptx4		1	1		10,422	10,422		8.0	8.0

N/A – Not applicable
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Schedule 2 – Inpatient Yearly Comparisons

CMG Code	Description	Ptx Level	Costed Cases			Average Cost			Average LOS of Costed Cases		
			2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
909	**Obsolete Psychiatric Diagnoses (MNRH)**		**178**	**163**	**341**	**5,756**	**5,729**	**5,743**	**10.2**	**10.3**	**10.3**
909		Ptx9	178	163	341	5,756	5,729	5,743	10.2	10.3	10.3
910	**Diagnosis Not Generally Hospitalized**		**84**	**77**	**161**	**2,455**	**2,525**	**2,489**	**1.5**	**1.5**	**1.5**
910		Ptx9	84	77	161	2,455	2,525	2,489	1.5	1.5	1.5
912	**Obstetric Codes Invalid As Most Responsible Diagnosis**		**10**	**30**	**40**	**1,826**	**1,884**	**1,870**	**1.9**	**2.8**	**2.6**
912		Ptx9	10	30	40	1,826	1,884	1,870	1.9	2.8	2.6
996	**Cadaveric Donor Organ and Tissue Retrieval**		**1**	**4**	**5**	**16,144**	**19,754**	**19,032**			
996		Ptx9	1	4	5	16,144	19,754	19,032			
997	**Stillbirths**										
997		Ptx9									
998	**Neonate With Catastrophic Diagnosis LOS < 6 Days**		**3**	**6**	**9**	**877**	**6,167**	**4,404**	**1.7**	**3.7**	**3.0**
998		Ptx9	3	6	9	877	6,167	4,404	1.7	3.7	3.0
999	**Ungroupable Data**		**32**	**21**	**53**	**4,067**	**6,328**	**4,963**	**2.0**	**4.0**	**2.8**
999		Ptx9	32	21	53	4,067	6,328	4,963	2.0	4.0	2.8

N/A – Not applicable
Prepared by: Health Authority Reporting and Costing

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
001	PWS - Craniotomy Procedures		2.1874	1,175	1,052	2,128	14,334	0.69	9,822	25
001		Ptx1	1.7095	879	817	1,644	11,826	0.53	6,282	18
001		Ptx2	2.5975	109	101	207	17,937	0.50	8,929	32
001		Ptx3	3.1244	66	64	134	21,387	0.59	12,704	45
001		Ptx4	7.5134	121	114	225	51,325	0.67	34,488	89
003	PWS - Spinal Procedures		1.4969	165	149	307	9,715	0.74	7,170	21
003		Ptx1	1.1766	130	120	254	8,147	0.64	5,247	17
003		Ptx2	2.3559	14	13	26	16,026	0.57	9,123	42
003		Ptx3	2.8675	14	14	20	19,686	0.69	13,491	38
003		Ptx4	5.1886	7	7	17	33,224	0.57	18,899	80
004	PWS - Extracranial Vascular Procedures		1.0988	367	339	692	6,621	0.50	3,327	11
004		Ptx1	0.9188	324	298	599	5,827	0.36	2,104	8
004		Ptx2	1.5794	13	11	28	10,021	0.45	4,517	21
004		Ptx3	1.8332	17	14	34	12,008	0.47	5,623	27
004		Ptx4	3.4846	13	12	23	23,146	0.59	13,716	49
005	PWS - Ventricular Shunt Revision		0.8536	90	86	179	5,835	0.47	2,752	8
005		Ptx1	0.8101	81	79	166	5,854	0.49	2,849	10
005		Ptx2	1.5023	6	6	10	11,410	0.65	7,469	18
005		Ptx3	0.6678	3	3	6	5,937	0.43	2,535	5
005		Ptx4	1.8812			3	13,350	0.98	13,042	21
006	Carpal Tunnel Release And Specified Nervous System Procedures		0.8408	117	79	146	5,525	0.67	3,695	8
006		Ptx1	0.7552	107	75	139	5,354	0.65	3,469	7
006		Ptx2	0.8839	6	3	5	6,647	0.49	3,285	10
006		Ptx3	2.5403	1	1	2	16,927	0.40	6,741	15
006		Ptx4	6.5225	3	3	8	42,226	0.91	38,516	118
007	Peripheral, Cranial Nerve And Other Neurological Procedures		3.1206	44	35	71	20,324	1.26	25,668	61
007		Ptx1	1.1722	27	19	40	8,391	0.60	5,004	27
007		Ptx2	2.5181	4	4	8	18,543	0.78	14,379	38
007		Ptx3	3.9774	2	1	3	27,054	0.60	16,167	38
007		Ptx4	7.6453	11	10	20	50,879	0.76	38,630	99

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
010	**Neoplasm Of Nervous System**		**1.2303**	**454**	**253**	**486**	**7,713**	**0.83**	**6,433**	**42**
010		Plx1	0.9499	309	166	325	6,377	0.84	5,349	33
010		**Plx2**	**1.2914**	**87**	**55**	**100**	**8,464**	**0.74**	**6,292**	**46**
010		Plx3	2.3005	40	22	39	15,279	0.73	11,131	70
010		**Plx4**	**2.8864**	**18**	**12**	**31**	**18,681**	**0.63**	**11,821**	**80**
011	**Degenerative Nervous Disorders**		**2.0270**	**412**	**141**	**316**	**11,875**	**1.31**	**15,593**	**70**
011		**Plx1**	**1.4045**	**318**	**101**	**216**	**8,852**	**0.90**	**7,944**	**57**
011		Plx2	2.0432	46	14	38	12,910	0.90	11,649	88
011		**Plx3**	**2.5862**	**29**	**17**	**36**	**16,926**	**0.97**	**16,429**	**112**
011		Plx4	5.4050	19	13	30	34,360	1.12	38,386	161
012	**Multiple Sclerosis And Cerebellar Disorders**		**1.2537**	**224**	**101**	**214**	**7,557**	**1.09**	**8,210**	**39**
012		Plx1	0.8379	187	88	169	5,525	0.80	4,430	30
012		**Plx2**	**2.4036**	**21**	**10**	**27**	**15,464**	**1.03**	**15,993**	**98**
012		Plx3	3.8987	12	6	10	23,912	1.04	24,760	139
012		**Plx4**	**4.0937**	**4**	**3**	**9**	**25,346**	**0.84**	**21,217**	**76**
013	Specific Cerebrovascular Disorders Except Transient Ischemic Attacks		1.3081	2,625	1,597	3,211	8,090	0.92	7,464	39
013		**Plx1**	**0.8652**	**1,931**	**1,165**	**2,247**	**5,748**	**0.76**	**4,381**	**27**
013		Plx2	2.0433	322	198	450	13,068	0.80	10,475	71
013		**Plx3**	**2.2645**	**197**	**124**	**292**	**14,614**	**0.81**	**11,813**	**77**
013		Plx4	3.4137	175	138	261	22,568	0.76	17,106	95
014	**Transient Ischemic Attacks And Precerebral Occlusions**		**0.6153**	**1,162**	**535**	**1,032**	**3,952**	**0.78**	**3,070**	**14**
014		Plx1	0.5341	1,035	489	934	3,607	0.71	2,545	13
014		**Plx2**	**1.2499**	**80**	**35**	**81**	**8,265**	**0.77**	**6,388**	**30**
014		Plx3	1.7283	34	23	37	11,933	0.67	7,953	51
014		**Plx4**	**3.6114**	**13**	**10**	**15**	**24,771**	**0.65**	**16,024**	**108**
015	Nonspecific Cerebrovascular Disorders		1.0730	142	79	136	6,519	1.12	7,304	35
015		**Plx1**	**0.6676**	**111**	**62**	**105**	**4,439**	**0.74**	**3,307**	**26**
015		Plx2	2.0113	13	6	12	12,674	0.98	12,470	56
015		**Plx3**	**1.4588**	**9**	**5**	**8**	**9,722**	**0.78**	**7,553**	**68**
015		Plx4	3.7042	9	7	14	24,005	0.72	17,196	64

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
017	**Cranial And Peripheral Nerve Diseases**		0.9796	351	156	283	5,891	1.02	5,991	27
017		Plx1	0.6970	289	125	216	4,490	0.73	3,299	23
017		Plx2	1.3242	30	14	31	8,645	1.00	8,671	46
017		Plx3	1.7783	20	10	23	11,157	0.75	8,379	46
017		Plx4	6.8277	12	10	20	44,142	1.03	45,685	126
018	**Viral Meningitis**		0.3803	173	99	170	2,240	0.66	1,489	8
018		Plx1	0.3459	169	97	166	2,219	0.67	1,483	8
018		Plx2	0.7411	2	1	3	4,594	0.04	179	17
018		Plx3	1.5531	2	1	5	8,808	1.18	10,438	31
018		Plx4								
019	**Infection Except Viral Meningitis**		1.3039	289	182	341	8,306	1.04	8,657	27
019		Plx1	0.7813	213	131	237	5,348	0.92	4,939	20
019		Plx2	1.7703	18	13	33	12,490	0.73	9,131	34
019		Plx3	1.6774	27	17	35	11,251	0.62	6,973	40
019		Plx4	3.5932	31	22	36	25,093	0.61	15,427	59
020	**Hypertensive Encephalopathy**		1.1870	9	5	8	7,311	1.29	9,400	20
020		Plx1	0.6429	8	4	6	4,059	0.83	3,357	12
020		Plx2	4.3886	1	1	1	29,484			36
020		Plx3	0.6488			1	4,652			4
020		Plx4	4.0760			1	22,892			38
021	**Non-Traumatic Stuper And Coma**		0.8753	146	76	139	5,274	1.00	5,258	17
021		Plx1	0.4852	102	40	84	3,132	0.84	2,624	10
021		Plx2	0.9467	22	14	20	6,169	0.53	3,266	21
021		Plx3	1.1544	14	10	17	7,804	0.83	6,469	29
021		Plx4	2.2410	8	7	12	14,650	0.66	9,613	35
022	**Seizure And Headache**		0.5137	2,635	1,058	2,076	3,259	0.88	2,878	10
022		Plx1	0.4479	2,413	967	1,886	3,063	0.84	2,582	10
022		Plx2	0.8020	115	46	115	5,355	0.85	4,563	20
022		Plx3	1.1254	72	49	87	7,533	0.84	6,349	24
022		Plx4	3.4077	35	26	50	23,537	0.81	19,126	53

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
028	Other Nervous System Diagnoses		1.0987	699	398	738	6,612	1.16	7,672	29
028		Plx1	0.6528	539	284	515	4,311	0.85	3,646	23
028		Plx2	1.0707	68	37	79	6,725	0.84	5,654	39
028		Plx3	1.5121	34	25	46	9,761	0.64	6,217	36
028		Plx4	3.0435	58	44	88	19,281	0.78	15,110	51
040	Tracheostomy And Gastrostomy Procedures		12.9642	317	267	509	81,083	0.82	66,439	165
040		Plx1	4.3484	56	38	79	29,320	0.67	19,521	116
040		Plx2	4.3925	6	5	13	29,275	0.60	17,707	111
040		Plx3	5.5796	38	30	59	37,066	0.55	20,564	128
040		Plx4	15.7723	217	196	363	104,735	0.69	72,381	180
050	Orbital Procedures		0.3971	404	375	706	2,185	0.43	940	4
050		Plx1	0.3650	393	372	699	2,179	0.43	936	4
050		Plx2	1.3620	6	5	10	8,703	1.00	8,684	28
050		Plx3	1.0476	3	3	5	6,226	0.85	5,290	18
050		Plx4	0.9485	2	1	3	5,877	0.35	2,078	19
051	Other Intraocular Procedures		0.3729	130	114	248	2,059	0.56	1,158	4
051		Plx1	0.3444	128	113	240	2,044	0.56	1,150	4
051		Plx2	0.4729	2	2	7	2,682	0.66	1,764	7
051		Plx3	0.5403			2	3,254	0.42	1,375	2
051		Plx4								
052	Retinal Procedures		0.3538	1,202	1,072	2,096	1,923	0.32	625	1
052		Plx1	0.3293	1,195	1,069	2,087	1,922	0.32	623	1
052		Plx2	0.5115	6	5	11	3,019	0.56	1,685	7
052		Plx3	0.5310	1	1	5	3,192	0.26	844	7
052		Plx4								
053	Iris And Lens Procedures		0.3894	8	6	20	2,095	0.69	1,445	4
053		Plx1	0.3638	7	6	20	2,095	0.69	1,445	4
053		Plx2								
053		Plx3	1.5813	1	1	1	9,161			7
053		Plx4								

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
054	Extraocular Procedures		0.4054	37	29	63	2,387	0.71	1,684	4
054		Plx1	0.3799	35	29	63	2,387	0.71	1,684	4
054		Plx2								
054		Plx3	2.5178	1	1	2	16,711	0.17	2,809	20
054		Plx4	4.7673	1	1	1	27,620			13
055	Lens Insertion (MNRH)		0.5003	167	140	298	2,736	0.33	908	1
055		Plx1	0.4609	165	140	297	2,733	0.33	908	1
055		Plx2	1.3998	2	1	1	8,110			7
055		Plx3	0.6321			1	3,550			1
055		Plx4								
057	Other Ophthalmic Procedures (MNRH)		0.2651	67	51	92	1,507	0.31	468	1
057		Plx1	0.2408	65	51	92	1,507	0.31	468	1
057		Plx2	0.3993	1	1	2	2,460	0.04	107	2
057		Plx3	0.4521	1	1	2	2,774	0.41	1,136	4
057		Plx4								
060	Major Eye Infections		0.6718	94	51	103	3,994	0.64	2,574	11
060		Plx1	0.6375	89	49	96	4,110	0.63	2,586	11
060		Plx2	0.5503	4	2	6	3,164	1.06	3,352	38
060		Plx3	0.6561	1	1	3	4,249	0.27	1,134	6
060		Plx4								12
062	Hyphema		0.3303	10	4	13	2,213	0.65	1,438	7
062		Plx1	0.3057	10	4	13	2,213	0.65	1,438	7
062		Plx2								
062		Plx3								
062		Plx4								
063	Other Ophthalmic Diagnoses (MNRH)		0.4830	210	118	221	3,031	1.23	3,724	10
063		Plx1	0.4011	192	109	202	2,674	0.88	2,355	10
063		Plx2	1.2512	14	9	15	7,982	0.73	5,801	24
063		Plx3	0.8535	4	4	8	5,730	0.95	5,447	17
063		Plx4	2.4945			3	19,784	1.11	22,002	13

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
075	PWS - Radical Laryngectomy And Glossectomy		5.9639	82	77	131	37,455	0.35	13,265	49
075		Plx1	4.5930	48	47	69	30,736	0.29	8,909	34
075		Plx2	6.0844	10	8	17	40,787	0.28	11,422	43
075		Plx3	7.4331	10	10	21	49,413	0.42	20,920	76
075		Plx4	8.1412	14	14	29	54,387	0.38	20,872	86
076	PWS - Major Head And Neck Procedures		2.4518	191	163	320	15,399	1.07	16,428	37
076		Plx1	1.4088	142	121	238	9,333	1.05	9,757	20
076		Plx2	3.6750	14	11	23	24,418	0.55	13,432	41
076		Plx3	3.2199	9	9	17	21,918	0.61	13,263	34
076		Plx4	7.9197	26	21	42	59,412	0.70	41,653	80
077	Less Extensive Head And Neck Procedures		0.5064	272	211	435	3,034	0.69	2,091	4
077		Plx1	0.4531	262	207	426	2,925	0.64	1,866	4
077		Plx2	1.5389	4	2	5	9,339	0.66	6,151	18
077		Plx3	0.9851	5	3	6	6,577	0.14	889	15
077		Plx4	8.7317	1	1	6	57,326	0.82	47,099	78
078	Cleft Lip And Palate Repair		0.6654	145	139	299	4,554	0.34	1,563	4
078		Plx1	0.6048	144	139	297	4,526	0.34	1,527	4
078		Plx2	1.5138	1	1	4	12,495	0.36	4,553	11
078		Plx3	2.1441			1	14,222			10
078		Plx4								
081	Salivary Gland Procedures		0.6375	201	143	309	3,802	0.38	1,429	4
081		Plx1	0.5905	200	143	308	3,792	0.37	1,421	4
081		Plx2	1.5720	1	1	1	10,561			6
081		Plx3	1.0886			1	6,785			2
081		Plx4								
082	Minor Ear, Nose And Throat Procedures		0.3703	65	45	124	2,328	0.54	1,253	4
082		Plx1	0.3457	62	45	124	2,328	0.54	1,253	4
082		Plx2	1.2634	1		1	7,095			310
082		Plx3	1.2632	1						10
082		Plx4	3.7428	1	1	2	22,524	1.18	26,688	59

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
083	Reconstructive ENT Procedures		1.0202	409	400	753	5,782	0.47	2,729	5
083		Plx1	0.9373	403	396	745	5,741	0.47	2,685	5
083		Plx2	1.6459	3	3	4	9,976	0.50	4,950	6
083		Plx3	1.4893	1	1	5	9,275	0.36	3,300	10
083		Plx4	3.0769	2	2	2	21,219	0.36	7,678	8
084	Miscellaneous Ear, Nose And Throat Procedures		0.6171	128	96	201	3,808	0.94	3,585	10
084		Plx1	0.5600	121	92	194	3,726	0.90	3,360	10
084		Plx2	1.6350	5	5	7	10,996	1.19	13,057	38
084		Plx3	1.5567	1	1	3	10,848	1.08	11,727	35
084		Plx4	6.3331	1	1	5	44,346	0.42	18,735	48
085	Mastoid Procedures		1.7991	210	187	363	11,691	1.30	15,202	4
085		Plx1	0.9399	202	140	273	6,913	1.50	10,386	1
085		Plx2	2.3987	5	5	7	16,570	1.80	29,807	12
085		Plx3	4.8435	3	3	6	32,248	0.88	28,396	39
085		Plx4	4.3746			2	29,016	0.99	28,795	28
086	Other Tonsillar Procedures		0.5781	45	26	46	3,747	1.02	3,808	10
086		Plx1	0.4328	37	21	41	3,070	0.59	1,818	10
086		Plx2	0.2244	2	1	1	1,508			4
086		Plx3	0.2601	1	1	1	1,747			1
086		Plx4	2.1451	5	3	3	14,411	0.60	8,699	18
087	Sinus Procedures		0.4013	102	40	94	2,288	0.31	717	2
087		Plx1	0.3769	98	39	93	2,285	0.32	720	1
087		Plx2	2.2232	1		1	15,942			9
087		Plx3	1.0123	2	2	4	8,479	0.65	5,480	19
087		Plx4	1.0354	1	1	2	8,326	0.08	691	8
088	Ethmoidectomy (MNRH)		0.3952	366	256	441	2,175	0.30	659	1
088		Plx1	0.3721	365	256	440	2,175	0.30	660	1
088		Plx2	0.6075	1	1	2	3,483	0.47	1,639	4
088		Plx3	3.4865			1	21,850			26
088		Plx4								50

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
089	Dental Extraction Or Restoration (MNRH)		0.4153	183	147	275	2,611	0.55	1,438	4
089		Plx1	0.3799	178	144	267	2,593	0.56	1,449	4
089		Plx2	0.6513	4	4	9	4,519	0.48	2,152	12
089		Plx3	0.5626	1	1	2	3,266	0.16	538	1
089		Plx4	0.9941			1	7,129			8
090	External And Middle Ear Procedures (MNRH)		0.3499	138	100	178	2,072	0.58	1,212	1
090		Plx1	0.3276	137	99	177	2,067	0.59	1,214	1
090		Plx2								
090		Plx3	0.3139	1	1	1	2,892			1
090		Plx4								
091	Nasal Procedures (MNRH)		0.3117	186	70	107	1,787	0.49	870	1
091		Plx1	0.2909	183	70	107	1,787	0.49	870	1
091		Plx2	2.6157	3	2	2	17,782	0.94	16,648	8
091		Plx3								
091		Plx4								9
092	Myringotomy (MNRH)		0.3286	38	24	47	2,093	0.69	1,434	4
092		Plx1	0.2516	35	18	36	1,686	0.65	1,101	1
092		Plx2	0.5141	1	1	3	4,009	0.46	1,848	7
092		Plx3	0.5943	2	2	4	3,978	0.54	2,150	9
092		Plx4	1.3548			1	8,986			6
093	Tonsillectomy And Adenoidectomy Procedures (MNRH)		0.3112	1,554	334	661	2,026	0.38	777	1
093		Plx1	0.2827	1,540	328	655	2,022	0.38	767	1
093		Plx2	0.6986	9	6	13	5,957	0.69	4,090	10
093		Plx3	0.5043	4	2	3	3,657	0.41	1,481	4
093		Plx4	3.7980	1	1	3	29,558	0.73	21,526	13
100	ENT Malignancy		1.6900	104	47	102	10,685	1.17	12,541	54
100		Plx1	0.9250	71	30	64	6,200	0.87	5,379	35
100		Plx2	1.7345	16	8	14	12,164	0.71	8,586	50
100		Plx3	2.6014	10	6	14	16,797	0.85	14,340	82
100		Plx4	4.7074	7	3	10	32,586	0.79	25,843	114

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
101	Acute Suppurative Infections		0.4762	68	19	46	2,939	0.72	2,122	11
101		Plx1	0.4416	65	19	45	2,957	0.72	2,143	11
101		Plx2	0.2328	3		1	2,147			10
101		Plx3								
101		Plx4								12
102	Dysequilibrium		0.4315	953	255	446	2,489	0.75	1,876	13
102		Plx1	0.3618	914	234	410	2,258	0.69	1,548	10
102		Plx2	0.8504	31	12	23	5,192	0.86	4,454	29
102		Plx3	0.7218	8	2	3	4,953	0.97	4,823	31
102		Plx4								
104	Influenza		0.4745	902	228	395	2,906	0.90	2,619	10
104		Plx1	0.4096	830	204	354	2,750	0.84	2,301	10
104		Plx2	0.6486	48	13	25	4,138	0.86	3,564	17
104		Plx3	0.7926	18	11	18	5,434	0.98	5,306	21
104		Plx4	5.8789	6	5	7	37,614	0.68	25,662	74
107	Epiglottitis		0.7473	44	27	53	4,549	0.84	3,811	10
107		Plx1	0.5365	39	21	41	3,438	0.70	2,410	7
107		Plx2	0.6527	1	1	4	4,863	1.07	5,192	4
107		Plx3	0.9427	1	1	2	7,963	0.92	7,291	4
107		Plx4	2.3595	3	3	5	15,451	0.47	7,296	19
108	Epistaxis		0.3941	315	95	248	2,338	0.71	1,650	10
108		Plx1	0.3432	282	85	222	2,182	0.67	1,451	10
108		Plx2	0.4540	25	7	14	2,870	0.66	1,903	11
108		Plx3	0.9770	7	4	12	6,483	0.56	3,627	35
108		Plx4	0.8842	1	1	5	6,009	0.74	4,448	19
109	Other ENT Infections		0.4933	329	72	179	2,828	0.71	2,002	10
109		Plx1	0.4271	314	67	167	2,609	0.68	1,764	10
109		Plx2	0.7181	7	4	9	5,382	0.51	2,753	17
109		Plx3	1.5525	4	1	3	11,674	0.56	6,552	60
109		Plx4	0.8395	4		1	6,020			15

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
113	Sinusitis (MNRH)		0.4529	95	32	62	2,902	0.74	2,147	8
113		Plx1	0.3937	87	26	54	2,715	0.78	2,118	8
113		Plx2	0.7501	6	5	7	5,219	0.66	3,460	17
113		Plx3	0.4405	1	1	1	4,058			4
113		Plx4	0.7335	1	1	2	5,467	0.28	1,530	47
114	Sore Throat (MNRH)		0.3658	807	127	260	2,092	0.94	1,973	7
114		Plx1	0.3223	781	124	252	2,042	0.94	1,910	7
114		Plx2	0.4745	17	1	5	2,303	0.55	1,273	12
114		Plx3	0.8274	8	2	4	5,367	0.72	3,871	12
114		Plx4	1.4237	1		1	10,209			8
115	Miscellaneous ENT Diagnoses (MNRH)		0.2427	1,286	96	178	1,551	0.77	1,188	1
115		Plx1	0.2239	1,235	89	164	1,541	0.78	1,207	1
115		Plx2	0.8586	30	21	41	5,608	0.90	5,028	24
115		Plx3	1.6517	11	7	21	11,003	0.85	9,367	40
115		Plx4	3.1338	10	9	18	19,901	0.86	17,112	39
116	Croup (MNRH)		0.2485	585	168	269	1,619	0.70	1,139	4
116		Plx1	0.2206	575	165	264	1,603	0.67	1,075	4
116		Plx2	0.3638	5	2	4	2,946	1.17	3,433	7
116		Plx3	0.9468	3	2	3	6,316	1.09	6,858	13
116		Plx4	3.7142	2	2	2	28,662	0.06	1,777	11
125	Tracheostomy		18.2412	182	150	279	106,172	0.75	79,231	167
125		Plx1	2.0572	11	10	26	13,497	0.83	11,171	31
125		Plx2	3.9795			2	22,350	0.77	17,153	14
125		Plx3	5.2499	4	4	6	32,396	0.73	23,669	52
125		Plx4	19.1360	167	136	246	119,479	0.64	76,863	174
126	PWS - Resection Of Lung		1.6853	444	415	757	10,755	0.45	4,846	17
126		Plx1	1.4417	305	293	546	9,679	0.34	3,254	16
126		Plx2	1.8500	85	83	137	12,460	0.48	5,945	23
126		Plx3	2.2334	29	29	56	15,047	0.47	7,102	30
126		Plx4	4.3147	25	24	44	29,478	0.65	19,280	63

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
127	**Major Respiratory Procedures**		2.1542	512	426	879	13,278	1.00	13,334	38
127		Plx1	1.2842	299	240	488	8,531	0.65	5,513	25
127		Plx2	1.8696	94	80	162	12,257	0.67	8,202	39
127		Plx3	2.3189	49	40	99	15,260	0.55	8,460	44
127		Plx4	5.3690	70	65	131	36,022	0.88	31,597	61
128	**Minor Respiratory Procedures**		1.1243	94	74	158	7,515	0.58	4,379	17
128		Plx1	0.9662	67	54	122	7,088	0.51	3,645	14
128		Plx2	1.3728	12	11	24	9,418	0.87	8,181	23
128		Plx3	1.3662	7	7	10	8,459	0.52	4,401	25
128		Plx4	8.7980	8	6	12	59,356	0.64	37,730	78
129	**Other Respiratory Procedures**		0.6644	202	161	322	4,341	0.74	3,232	13
129		Plx1	0.4672	163	127	249	3,301	0.30	985	4
129		Plx2	1.3036	22	20	36	8,443	0.60	5,100	44
129		Plx3	1.1921	7	6	13	7,639	0.38	2,875	41
129		Plx4	4.6483	10	7	16	29,593	0.52	15,502	85
135	**Tuberculosis**		1.8106	48	37	76	11,233	0.82	9,218	75
135		Plx1	1.3680	36	28	57	9,059	0.78	7,084	58
135		Plx2	2.5394	5	5	9	16,959	0.76	12,947	111
135		Plx3	2.3584	2	2	6	15,453	0.65	10,111	87
135		Plx4	4.2001	5	2	4	27,487	0.65	17,990	99
136	**Respiratory Failure**		2.5021	519	365	709	14,454	1.07	15,394	39
136		Plx1	1.3431	188	116	229	8,095	0.97	7,887	29
136		Plx2	1.4988	105	74	128	9,141	0.90	8,245	35
136		Plx3	1.8287	75	54	118	11,421	1.01	11,508	39
136		Plx4	4.2099	151	127	243	26,558	0.82	21,751	54
137	**Respiratory Infections And Inflammations**		1.5996	958	619	1,242	9,299	1.04	9,671	31
137		Plx1	0.9932	549	333	645	6,267	0.81	5,068	25
137		Plx2	1.4116	148	97	199	8,811	0.73	6,412	37
137		Plx3	1.7956	127	98	207	11,207	0.87	9,770	41
137		Plx4	3.3639	134	106	222	21,220	0.85	17,942	57

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
138	Respiratory Neoplasms		1.3976	1,337	706	1,390	8,258	0.79	6,525	40
138		Plx1	0.9843	657	308	628	6,259	0.77	4,839	33
138		Plx2	1.4122	419	220	396	8,891	0.71	6,354	44
138		Plx3	1.5703	161	112	233	10,017	0.67	6,759	45
138		Plx4	2.2855	100	73	141	14,704	0.83	12,168	69
139	Interstitial Disease		1.4023	294	141	281	8,157	1.27	10,321	36
139		Plx1	0.7943	200	82	156	4,895	0.77	3,784	24
139		Plx2	1.2244	36	16	36	7,789	0.71	5,524	42
139		Plx3	1.4006	37	24	48	8,352	0.67	5,577	46
139		Plx4	3.8879	21	18	38	24,834	1.04	25,945	77
140	Chronic Obstructive Pulmonary Disease (COPD)		1.0877	2,391	1,083	1,700	6,072	0.96	5,846	25
140		Plx1	0.7058	1,534	625	962	4,209	0.69	2,922	21
140		Plx2	1.1358	409	179	274	6,830	0.74	5,062	32
140		Plx3	1.2840	247	160	259	7,620	0.80	6,091	41
140		Plx4	2.5100	201	156	257	15,252	0.79	12,058	55
141	Pulmonary Edema		2.0472	207	107	201	11,927	1.46	17,449	26
141		Plx1	0.6571	132	64	105	4,025	0.77	3,088	17
141		Plx2	1.0215	25	8	21	6,439	0.73	4,685	21
141		Plx3	1.4705	18	11	22	8,588	1.42	12,159	31
141		Plx4	5.5525	32	24	56	35,203	0.73	25,550	41
142	Chronic Bronchitis		0.9044	3,552	1,593	3,154	4,914	0.95	4,671	24
142		Plx1	0.6308	2,742	1,156	2,251	3,697	0.70	2,589	18
142		Plx2	0.9968	423	172	368	5,855	0.71	4,156	31
142		Plx3	1.3134	249	165	347	7,874	0.80	6,274	40
142		Plx4	2.5754	138	106	204	15,789	0.73	11,512	50
143	Simple Pneumonia And Pleurisy		0.8851	7,737	2,781	5,677	5,037	1.10	5,524	20
143		Plx1	0.5791	6,107	1,944	3,957	3,555	0.77	2,729	14
143		Plx2	1.0472	902	401	833	6,488	0.85	5,485	31
143		Plx3	1.3293	458	256	520	8,382	0.85	7,156	34
143		Plx4	2.9509	270	173	398	19,000	0.96	18,239	46

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
144	**Pneumothorax**		**0.6105**	**290**	**175**	**331**	**3,496**	**0.88**	**3,082**	**15**
144		Ptx1	0.4853	262	159	294	3,002	0.73	2,190	13
144		**Ptx2**	**1.0763**	**17**	**12**	**24**	**6,648**	**0.69**	**4,564**	**27**
144		Ptx3	1.4540	10	4	15	9,568	0.52	4,939	25
144		**Ptx4**	**3.6787**	**1**	**1**	**3**	**22,740**	**0.61**	**13,944**	**61**
145	Tracheobronchitis		0.5935	2,664	797	1,768	3,574	0.80	2,864	8
145		**Ptx1**	**0.5221**	**2,501**	**760**	**1,690**	**3,451**	**0.75**	**2,577**	**8**
145		Ptx2	1.0480	93	32	76	7,246	0.82	5,941	15
145		**Ptx3**	**1.8401**	**46**	**19**	**40**	**13,968**	**0.83**	**11,614**	**27**
145		Ptx4	6.0000	24	21	47	49,498	0.81	40,288	44
146	**Asthma**		**0.4044**	**2,704**	**1,217**	**2,305**	**2,476**	**0.88**	**2,188**	**7**
146		Ptx1	0.3560	2,612	1,185	2,246	2,410	0.79	1,898	7
146		**Ptx2**	**0.9480**	**50**	**25**	**45**	**6,613**	**1.02**	**6,728**	**23**
146		Ptx3	0.9873	28	21	39	6,746	1.11	7,458	20
146		**Ptx4**	**4.6639**	**14**	**9**	**24**	**34,852**	**1.13**	**39,363**	**31**
147	Other Respiratory Diagnoses		0.7018	1,413	618	1,164	4,297	1.11	4,790	16
147		**Ptx1**	**0.5015**	**1,176**	**488**	**894**	**3,301**	**0.91**	**3,016**	**13**
147		Ptx2	0.8532	121	55	125	5,840	0.91	5,314	23
147		**Ptx3**	**1.1951**	**67**	**49**	**94**	**7,934**	**0.83**	**6,613**	**29**
147		Ptx4	2.8864	49	44	73	19,068	0.92	17,487	42
175	**PWS - Heart Or Lung Transplant**		**12.6593**	**48**	**46**	**113**	**79,623**	**0.91**	**72,158**	**120**
175		Ptx1	6.4107	8	7	17	42,766	0.33	13,989	40
175		**Ptx2**	**6.8487**	**7**	**6**	**19**	**45,585**	**0.32**	**14,645**	**35**
175		Ptx3	7.2168	6	5	14	48,055	0.23	11,010	44
175		**Ptx4**	**18.0835**	**27**	**26**	**66**	**120,238**	**0.82**	**98,672**	**165**
176	PWS - Cardiac Valve Replacement With Heart Pump With Cardiac Cath		6.7645	65	63	119	45,640	0.63	28,735	64
176		**Ptx1**	**4.2013**	**20**	**20**	**35**	**29,432**	**0.28**	**8,195**	**51**
176		Ptx2	5.0548	13	13	28	35,371	0.25	8,998	42
176		**Ptx3**	**5.6665**	**13**	**13**	**19**	**39,588**	**0.30**	**11,878**	**60**
176		Ptx4	11.6366	19	19	40	82,800	0.59	48,956	94

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
177	**PWS - Cardiac Valve Replacement With Heart Pump Without Cardiac Cath**		**3.6707**	**571**	**523**	**996**	**24,020**	**0.49**	**11,695**	**24**
177		Ptx1	2.8126	335	313	575	19,301	0.27	5,226	14
177		**Ptx2**	**3.5096**	**102**	**92**	**184**	**24,253**	**0.35**	**8,477**	**22**
177		Ptx3	4.5588	52	51	104	31,296	0.39	12,147	45
177		**Ptx4**	**7.1299**	**82**	**75**	**148**	**49,266**	**0.57**	**28,127**	**57**
178	**PWS - Coronary Bypass With Heart Pump With Cardiac Cath**		**4.7241**	**300**	**290**	**611**	**31,641**	**0.51**	**16,236**	**45**
178		**Ptx1**	**3.7878**	**75**	**74**	**169**	**28,217**	**0.28**	**7,242**	**40**
178		Ptx2	3.9133	123	120	231	27,384	0.35	9,551	44
178		**Ptx3**	**4.5240**	**48**	**46**	**113**	**31,694**	**0.38**	**11,901**	**45**
178		Ptx4	8.1392	54	53	105	57,266	0.70	40,327	71
179	**PWS - Coronary Bypass With Heart Pump Without Cardiac Cath**		**2.0940**	**1,436**	**1,396**	**2,740**	**17,682**	**0.41**	**7,185**	**20**
179		Ptx1	2.1732	807	750	1,443	14,880	0.22	3,234	11
179		**Ptx2**	**2.6311**	**343**	**333**	**782**	**18,201**	**0.32**	**5,821**	**21**
179		Ptx3	3.2034	144	138	291	22,284	0.43	9,611	28
179		**Ptx4**	**6.2378**	**142**	**135**	**282**	**43,476**	**0.73**	**31,846**	**51**
181	**PWS - Other Cardio-Thoracic Procedures With Heart Pump With Cardiac Cath**		**9.4678**	**31**	**31**	**49**	**60,668**	**0.92**	**56,118**	**68**
181		**Ptx1**	**2.3394**	**4**	**4**	**8**	**16,620**	**0.21**	**3,421**	**20**
181		Ptx2	3.9828	9	9	13	27,514	0.42	11,584	46
181		**Ptx3**	**4.3748**	**2**	**2**	**7**	**29,601**	**0.35**	**10,305**	**39**
181		Ptx4	15.9849	16	16	24	107,830	0.64	69,410	92
182	**PWS - Other Cardio-Thoracic Procedures With Heart Pump Without Cardiac Cath**		**3.4281**	**317**	**287**	**572**	**21,831**	**0.54**	**11,885**	**20**
182		Ptx1	2.4363	169	165	323	16,478	0.33	5,386	13
182		**Ptx2**	**3.1391**	**82**	**62**	**92**	**21,262**	**0.38**	**8,129**	**17**
182		Ptx3	3.3071	23	19	51	22,224	0.37	8,130	21
182		**Ptx4**	**7.5787**	**73**	**68**	**130**	**50,710**	**0.55**	**27,940**	**48**
183	**PWS - Major Cardio-Thoracic Procedures Without Heart Pump With Cardiac Cath**		**3.0546**	**153**	**141**	**255**	**20,075**	**0.82**	**16,397**	**38**
183		**Ptx1**	**1.5478**	**45**	**44**	**80**	**10,750**	**0.91**	**9,738**	**19**
183		Ptx2	2.4602	31	28	47	17,102	0.81	13,860	31

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
183		Plx3	3.1993	28	24	45	22,122	0.60	13,360	29
183		Plx4	5.0675	51	46	87	33,999	0.76	25,933	55
184	PWS - Major Cardio-Thoracic Procedures Without Heart Pump Without Cardiac Cath		2.7474	98	90	181	17,194	0.84	14,381	40
184		Plx1	1.5172	54	46	75	10,221	0.55	5,582	18
184		Plx2	2.4213	11	11	37	16,122	0.63	10,121	27
184		Plx3	2.1456	12	12	27	14,150	0.46	6,450	45
184		Plx4	5.5915	21	19	40	36,459	0.63	22,915	64
185	Permanent Pacemaker Implant For Specified Cardiac Conditions		5.2968	267	197	415	35,208	0.49	17,105	41
185		Plx1	4.7442	117	94	187	33,067	0.43	14,286	32
185		Plx2	4.6892	76	62	120	32,591	0.56	18,248	40
185		Plx3	5.6191	46	32	74	39,283	0.42	16,323	46
185		Plx4	7.5430	28	14	41	51,654	0.47	24,433	81
186	Permanent Pacemaker Implant Without Specified Cardiac Conditions		2.4495	1,038	539	1,212	16,249	0.58	9,472	23
186		Plx1	2.0555	759	401	881	14,303	0.52	7,400	19
186		Plx2	2.9475	145	82	195	20,156	0.55	11,011	32
186		Plx3	3.3141	100	47	108	22,933	0.57	13,039	35
186		Plx4	4.6196	34	19	48	31,556	0.52	16,556	56
188	PWS - Percutaneous Transluminal Coronary Angioplasty W Complicating Card Conditions		1.6829	1,763	1,210	2,601	10,926	0.44	4,819	15
188		Plx1	1.4909	1,332	868	1,848	10,230	0.42	4,283	12
188		Plx2	1.7158	247	209	453	11,337	0.43	4,872	18
188		Plx3	2.1100	107	90	220	14,032	0.38	5,292	23
188		Plx4	3.6481	77	70	132	23,840	0.58	13,944	45
189	PWS - Percutaneous Transluminal Coronary Angioplasty W/O Complic Cardiac Conditions		1.0849	2,168	1,076	1,938	7,463	0.43	3,226	4
189		Plx1	1.0291	1,139	564	993	7,390	0.41	3,050	1
189		Plx2	1.1599	916	460	875	8,262	0.47	3,871	10
189		Plx3	1.6631	101	59	101	11,646	0.56	6,498	25
189		Plx4	2.6900	12	5	18	18,515	0.61	11,312	48

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
191	Temporary Cardiac Pacemaker		2.0117	26	10	42	12,616	0.70	8,881	26
191		Plx1	1.4356	13	6	19	9,915	0.83	8,260	18
191		Plx2	1.4079	3	1	4	9,235	0.32	2,973	14
191		Plx3	2.4781	6	2	5	15,719	0.51	8,068	26
191		Plx4	2.3260	4	1	13	14,980	0.63	9,434	38
193	Cardiac Pacemaker Device Replacement Or Revision		1.6603	122	41	81	10,766	0.88	9,457	7
193		Plx1	1.5073	109	32	64	10,271	0.93	9,530	4
193		Plx2	2.7736	8	5	14	19,806	0.83	16,496	31
193		Plx3	2.7423	3	3	6	18,639	0.69	12,907	26
193		Plx4	5.7402	2	1	3	38,990	0.93	36,138	34
194	PWS - Minor Cardio-Thoracic Procedures Without Heart Pump		0.9488	243	222	443	6,421	0.67	4,293	10
194		Plx1	0.7415	217	175	347	5,343	0.55	2,955	4
194		Plx2	1.4346	16	14	32	10,148	0.62	6,287	19
194		Plx3	1.5247	6	6	12	11,207	0.49	5,447	15
194		Plx4	4.6083	4	3	10	30,689	0.83	25,367	48
200	AMI, Unstable Angina Or Cardiac Cath With Shock Or Pulmonary Embolism		1.9842	118	79	155	11,450	1.03	11,821	31
200		Plx1	0.8981	31	17	33	5,592	0.78	4,356	17
200		Plx2	1.6827	21	15	32	10,586	0.73	7,715	27
200		Plx3	1.7787	35	24	45	10,978	0.94	10,359	33
200		Plx4	3.6275	31	27	49	22,847	1.10	25,224	54
201	AMI With Cardiac Cath With Congestive Heart Failure		2.4000	119	84	203	13,654	0.63	8,544	35
201		Plx1	1.8230	77	55	123	11,136	0.50	5,572	31
201		Plx2	2.3420	18	14	31	14,602	0.38	5,554	38
201		Plx3	2.4275	9	5	27	14,344	0.34	4,812	30
201		Plx4	4.8682	15	12	23	29,501	0.73	21,532	59
202	AMI With Cardiac Cath With Ventricular Tachycardia		2.0166	10	5	22	11,592	0.45	5,239	30
202		Plx1	1.7623	5	2	15	10,832	0.42	4,601	21
202		Plx2	1.0349	2	1	1	5,996			11
202		Plx3	1.8828			2	10,883	1.04	11,365	12
202		Plx4	2.5230	3	2	3	16,633	0.20	3,382	30

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
203	AMI With Cardiac Cath With Angina		1.3820	44	27	79	7,744	0.46	3,557	22
203		Plx1	1.2494	39	24	70	7,477	0.46	3,444	20
203		Plx2	1.6594	4	3	5	10,134	0.10	967	18
203		Plx3	1.7737			3	10,641	0.67	7,160	18
203		Plx4	0.8752	1		1	5,805			42
204	AMI With Cardiac Cath Without Specified Cardiac Conditions		1.4884	764	404	938	8,429	0.50	4,206	23
204		Plx1	1.2884	686	353	830	7,864	0.43	3,410	20
204		Plx2	1.9091	37	27	53	11,875	0.51	6,016	32
204		Plx3	1.8819	29	16	35	11,796	0.43	5,126	35
204		Plx4	3.0502	12	6	15	18,863	0.52	9,727	29
205	AMI Without Cardiac Cath With Congestive Heart Failure		1.5582	447	214	433	8,861	0.70	6,230	31
205		Plx1	1.1330	254	111	240	6,824	0.64	4,380	22
205		Plx2	1.6918	84	41	77	10,570	0.71	7,496	36
205		Plx3	1.5597	52	23	52	9,696	0.63	6,105	39
205		Plx4	2.7793	57	40	73	17,108	0.71	12,106	50
206	AMI Without Cardiac Cath With Ventricular Tachycardia		1.3468	55	20	52	7,287	0.93	6,752	25
206		Plx1	1.0651	40	15	34	5,851	0.91	5,352	19
206		Plx2	1.1546	8	2	4	7,383	0.60	4,422	35
206		Plx3	1.5526	4	2	8	9,809	1.04	10,251	29
206		Plx4	2.0982	3	1	6	13,788	0.67	9,239	55
207	AMI Without Cardiac Cath With Angina		0.9988	92	18	43	5,795	0.81	4,687	20
207		Plx1	0.7774	83	15	35	4,896	0.87	4,282	20
207		Plx2	2.0388	6		5	12,908	0.68	8,813	35
207		Plx3	1.4105	3	3	3	8,537	0.39	3,290	14
207		Plx4	2.1282			1	13,338			13
208	AMI Without Cardiac Cath Without Specified Cardiac Conditions		0.9674	1,793	710	1,420	5,273	0.75	3,955	17
208		Plx1	0.8118	1,510	585	1,172	4,804	0.68	3,267	17
208		Plx2	1.2017	124	51	93	7,232	0.58	4,180	27
208		Plx3	1.0640	104	44	102	6,412	0.78	4,993	20
208		Plx4	2.3200	55	41	72	14,454	0.81	11,723	46

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	2003/2004 Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
210	Unstable Angina With Cardiac Cath With Specified Cardiac Conditions		1.7881	39	20	32	10,171	0.59	5,979	32
210		Plx1	1.3717	31	13	22	8,299	0.49	4,055	25
210		Plx2	1.9713	4	4	5	12,753	0.65	8,294	40
210		Plx3	2.6338	3	3	4	17,171	0.45	7,696	58
210		Plx4	3.0493	1	1	2	18,321	0.62	11,286	22
211	Unstable Angina With Cardiac Cath Without Specified Cardiac Conditions		1.1797	349	186	354	6,506	0.56	3,645	20
211		Plx1	1.0589	325	173	331	6,365	0.54	3,438	20
211		Plx2	1.3290	18	9	16	8,354	0.78	6,541	21
211		Plx3	1.4267	6	4	6	9,071	0.33	2,985	27
211		Plx4	3.1991			2	20,982	0.87	18,150	39
212	Unstable Angina Without Cardiac Cath With Specified Cardiac Conditions		1.1341	132	35	67	6,700	1.00	6,731	18
212		Plx1	0.9034	113	29	56	5,567	0.62	3,469	16
212		Plx2	1.6613	11	2	3	9,874	0.68	6,671	21
212		Plx3	1.6577	4	1	6	11,265	0.85	9,521	31
212		Plx4	3.6640	4	2	6	21,791	0.51	11,201	75
213	Unstable Angina Without Cardiac Cath Without Specified Cardiac Conditions		0.6167	1,334	362	668	3,342	0.86	2,883	11
213		Plx1	0.5455	1,259	336	625	3,231	0.87	2,804	11
213		Plx2	0.8970	43	21	38	5,251	0.66	3,453	21
213		Plx3	2.3827	19	10	13	12,134	0.57	6,968	36
213		Plx4	1.3434	13	5	9	8,418	0.81	6,797	29
215	Cardiac Cath With Congestive Heart Failure		1.9210	319	231	448	11,615	0.67	7,800	37
215		Plx1	1.5078	228	183	319	9,565	0.55	5,301	31
215		Plx2	1.9022	40	30	54	12,671	0.46	5,811	44
215		Plx3	2.1191	35	29	40	14,133	0.61	8,631	33
215		Plx4	4.2723	16	16	35	28,021	0.48	13,445	56
216	Cardiac Cath With Ventricular Tachycardia		1.5713	136	111	205	9,235	0.72	6,690	29
216		Plx1	1.3403	127	102	179	8,335	0.57	4,724	29
216		Plx2	1.7023	2	2	13	10,665	0.39	4,210	23
216		Plx3	1.5628	3	3	7	10,531	0.40	4,202	32
216		Plx4	4.4466	4	4	7	30,505	0.56	16,973	49

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
217	Cardiac Cath With Unstable Angina		1.1226	289	164	481	6,305	0.50	3,152	22
217		Plx1	0.9834	279	155	442	5,985	0.47	2,818	19
217		Plx2	1.3793	5	5	22	8,370	0.33	2,729	28
217		Plx3	2.1099	4	4	8	12,395	0.41	5,075	35
217		Plx4	1.9393	1	1	7	12,095	0.65	7,859	40
218	Cardiac Cath Without Specified Cardiac Conditions		0.8016	1,180	743	1,463	4,925	0.68	3,333	17
218		Plx1	0.7246	1,122	704	1,400	4,787	0.68	3,252	17
218		Plx2	1.2735	32	25	42	8,170	0.47	3,857	26
218		Plx3	1.2865	19	14	20	8,498	0.46	3,873	27
218		Plx4	1.9439	7	6	9	11,992	0.46	5,540	48
219	Endocarditis		2.6107	76	53	120	15,242	1.00	15,285	67
219		Plx1	1.5483	42	32	54	9,625	0.70	6,731	50
219		Plx2	2.1278	11	7	9	13,395	0.82	10,972	71
219		Plx3	1.9423	7	4	24	12,509	0.39	4,826	44
219		Plx4	4.2654	16	10	32	26,555	0.89	23,652	92
220	Pulmonary Embolism		0.9193	845	541	984	5,284	0.79	4,161	22
220		Plx1	0.6818	546	335	604	4,181	0.66	2,760	18
220		Plx2	0.9267	192	130	240	5,732	0.67	3,823	20
220		Plx3	1.4872	64	48	94	9,411	0.71	6,658	47
220		Plx4	2.0801	43	35	57	13,338	0.78	10,372	44
222	Heart Failure		1.1131	4,444	1,792	3,518	6,240	0.87	5,397	28
222		Plx1	0.7945	3,019	1,122	2,230	4,803	0.71	3,392	24
222		Plx2	1.2228	777	335	632	7,447	0.74	5,485	35
222		Plx3	1.6702	379	214	422	10,096	0.81	8,177	51
222		Plx4	2.7481	269	179	360	17,023	0.81	13,713	74
225	Hypertensive Heart Disease		1.0658	81	26	60	6,097	0.64	3,918	27
225		Plx1	0.9022	40	8	18	5,428	0.76	4,114	17
225		Plx2	0.8273	27	12	30	5,206	0.57	2,986	22
225		Plx3	1.6945	11	5	10	10,421	0.71	7,414	55
225		Plx4	2.9090	3	2	3	19,378	0.67	12,898	80

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
226	Other Circulatory Diagnoses		0.8664	962	478	955	5,108	0.91	4,640	20
226		Ptx1	0.6230	652	316	646	3,906	0.85	3,314	16
226		Ptx2	1.0475	180	98	196	6,563	0.70	4,608	27
226		Ptx3	1.6725	84	48	87	10,808	0.70	7,533	40
226		Ptx4	2.7710	46	35	62	17,396	0.98	16,983	61
229	Atherosclerosis (MNRH)		0.7712	791	340	843	4,273	0.78	3,330	20
229		Ptx1	0.5641	607	250	636	3,377	0.67	2,249	14
229		Ptx2	1.0838	114	54	118	6,505	0.72	4,657	28
229		Ptx3	1.7598	47	27	68	10,820	0.83	9,002	53
229		Ptx4	2.6046	23	17	32	16,104	0.92	14,737	70
232	Acquired Valvular Disorders (MNRH)		0.9533	119	63	117	5,473	0.93	5,099	28
232		Ptx1	0.7665	79	41	69	4,770	0.86	4,102	26
232		Ptx2	0.8300	29	15	35	5,154	0.85	4,404	30
232		Ptx3	2.3373	3	3	11	13,355	0.83	11,132	81
232		Ptx4	4.6531	8	7	11	30,279	0.72	21,878	88
233	Hypertension (MNRH)		0.5224	766	109	235	3,036	0.78	2,364	11
233		Ptx1	0.4497	690	90	197	2,823	0.75	2,125	10
233		Ptx2	0.7172	55	13	27	4,614	1.11	5,111	20
233		Ptx3	0.7099	18	4	10	4,833	1.04	5,005	18
233		Ptx4	1.7659	3	2	6	11,197	0.41	4,556	44
234	Congenital Cardiac Disorders (MNRH)		1.1715	30	15	35	7,988	0.98	7,826	21
234		Ptx1	0.7460	20	10	20	5,062	1.07	5,413	9
234		Ptx2	1.1336	7	3	10	9,034	0.80	7,249	27
234		Ptx3	2.1708			1	11,912			17
234		Ptx4	6.7016	3	3	5	53,285	0.71	37,588	54
235	Angina Pectoris		0.4921	742	79	201	2,549	0.69	1,757	10
235		Ptx1	0.4238	687	74	185	2,418	0.68	1,641	10
235		Ptx2	0.7993	46	5	16	4,749	0.63	3,000	17
235		Ptx3	1.4406	9	1	4	6,580	0.52	3,396	20
235		Ptx4								

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
237	Arrhythmia		0.7314	3,232	951	2,064	4,122	0.84	3,466	16
237		Plx1	0.5527	2,626	719	1,539	3,408	0.82	2,804	13
237		Plx2	0.9358	426	165	358	5,683	0.68	3,881	24
237		Plx3	1.3412	125	58	137	8,515	0.85	7,246	31
237		Plx4	2.4090	55	32	64	15,114	0.80	12,112	67
240	Syncope And Collapse		0.5449	899	297	581	3,132	0.85	2,658	13
240		Plx1	0.4745	809	266	521	2,982	0.88	2,627	13
240		Plx2	0.8976	59	25	48	5,220	0.70	3,643	25
240		Plx3	1.3357	26	15	30	8,342	0.67	5,576	41
240		Plx4	1.9106	5	3	4	11,916	0.45	5,388	46
242	Chest Pain		0.4137	3,055	931	1,917	2,345	0.64	1,502	7
242		Plx1	0.3742	2,936	898	1,836	2,307	0.64	1,483	7
242		Plx2	0.6310	89	31	76	3,940	0.56	2,223	14
242		Plx3	0.9710	24	10	30	6,024	0.78	4,690	28
242		Plx4	1.5409	6	3	5	9,992	0.42	4,223	30
250	Extensive Gastrointestinal Procedures		3.7819	89	73	143	23,251	0.59	13,649	37
250		Plx1	2.3468	45	34	63	15,248	0.45	6,894	29
250		Plx2	3.1034	12	11	21	20,729	0.30	6,174	29
250		Plx3	4.0998	14	13	22	26,926	0.36	9,648	35
250		Plx4	6.2908	18	16	39	41,195	0.57	23,540	75
251	Gastrostomy And Colostomy Procedures		3.1325	1,456	852	1,874	18,919	0.86	16,229	50
251		Plx1	1.8599	831	452	989	11,979	0.49	5,902	30
251		Plx2	2.6014	139	91	206	16,752	0.54	8,964	47
251		Plx3	2.9153	186	128	268	19,034	0.58	11,039	50
251		Plx4	8.0083	300	202	475	52,107	0.90	46,761	121
252	Major Esophageal, Stomach And Duodenum Procedures		2.9188	85	53	120	17,678	0.96	16,890	39
252		Plx1	1.9561	48	34	73	12,296	0.41	5,040	25
252		Plx2	2.2979	12	9	15	15,374	0.21	3,188	23
252		Plx3	2.3871	5	2	8	15,326	0.26	3,974	43
252		Plx4	7.1773	20	10	27	46,992	0.81	37,967	73

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
253	Major Intestinal And Rectal Procedures		1.9573	2,444	1,308	2,702	11,667	0.58	6,819	28
253		Ptx1	1.4796	1,657	885	1,810	9,462	0.39	3,677	21
253		Ptx2	2.1053	228	137	261	13,421	0.47	6,312	32
253		Ptx3	2.2216	256	143	321	14,280	0.50	7,131	35
253		Ptx4	4.6338	303	181	378	29,870	0.80	23,749	69
255	Less Extensive Esophageal, Stomach And Duodenum Procedures		1.3097	941	547	1,089	8,050	0.58	4,702	18
255		Ptx1	1.0818	753	440	873	7,160	0.51	3,674	17
255		Ptx2	1.7096	63	42	88	11,405	0.58	6,632	27
255		Ptx3	1.6816	66	48	88	10,994	0.47	5,202	25
255		Ptx4	3.8548	59	38	72	25,208	0.83	21,037	51
258	Laparotomy		1.3600	905	463	984	8,283	0.73	6,050	24
258		Ptx1	1.0143	701	347	729	6,611	0.57	3,800	18
258		Ptx2	1.9228	84	53	111	12,568	0.77	9,673	41
258		Ptx3	2.2147	70	45	90	14,512	0.61	8,860	43
258		Ptx4	3.5962	50	30	79	23,583	0.75	17,645	68
260	Less Extensive Intestinal And Rectal Procedures		0.5372	274	162	314	3,158	0.71	2,247	10
260		Ptx1	0.4661	249	151	291	2,967	0.68	2,009	10
260		Ptx2	1.1374	15	8	15	6,896	0.54	3,705	18
260		Ptx3	0.8081	7	4	12	4,939	0.56	2,774	17
260		Ptx4	5.5404	3	2	5	39,503	0.71	28,018	93
261	Complicated Appendectomy		0.8460	844	573	1,160	5,093	0.50	2,567	12
261		Ptx1	0.7118	743	483	1,002	4,659	0.45	2,081	9
261		Ptx2	1.1929	31	26	51	8,381	0.37	3,112	18
261		Ptx3	1.0235	49	32	62	6,381	0.45	2,850	14
261		Ptx4	1.2921	21	16	23	9,433	0.57	5,375	18
262	Simple Appendectomy		0.5046	2,294	1,456	2,754	2,975	0.47	1,408	5
262		Ptx1	0.4586	2,249	1,440	2,718	2,955	0.47	1,393	5
262		Ptx2	0.7948	22	11	25	5,340	0.50	2,646	11
262		Ptx3	0.8332	18	11	26	5,643	0.48	2,704	12
262		Ptx4	1.3969	5	4	6	10,814	0.20	2,186	21

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
264	Minor Gastrointestinal Procedures		0.6833	90	62	130	4,658	0.54	2,514	8
264		Ptx1	0.6038	78	53	115	4,472	0.55	2,478	8
264		Ptx2	0.7863	7	7	12	5,854	0.39	2,304	11
264		Ptx3	1.3558	3	3	3	8,738	0.69	6,011	14
264		Ptx4	1.1041	2	1	3	9,206	0.26	2,389	23
265	Abdominal Laparoscopy		0.5534	79	46	84	3,185	0.65	2,066	10
265		Ptx1	0.5023	75	43	80	3,183	0.65	2,063	10
265		Ptx2	0.2649	2	2	2	1,481	0.94	1,391	14
265		Ptx3	1.0633			1	6,407			5
265		Ptx4	2.8357	2	2	2	13,249	1.04	13,827	43
266	Anus And Stomal Procedures (MNRH)		0.4536	800	389	665	2,561	0.70	1,797	7
266		Ptx1	0.4100	752	376	641	2,515	0.71	1,791	7
266		Ptx2	0.7234	26	12	22	4,391	0.50	2,197	16
266		Ptx3	1.2042	11	7	12	7,297	0.52	3,795	25
266		Ptx4	6.5291	11	10	11	40,185	0.72	28,962	135
269	Bilateral Hernia Procedures		0.5906	1,696	926	1,739	3,341	0.52	1,747	7
269		Ptx1	0.5273	1,614	881	1,652	3,234	0.52	1,673	7
269		Ptx2	0.9526	43	34	64	5,938	0.45	2,683	15
269		Ptx3	1.0889	30	18	35	6,642	0.49	3,248	13
269		Ptx4	2.4809	9	6	14	15,209	0.85	12,999	31
271	Unilateral Hernia Procedures (MNRH)		0.4335	836	244	516	2,446	0.47	1,139	4
271		Ptx1	0.3930	803	238	504	2,420	0.46	1,122	4
271		Ptx2	1.0088	19	10	21	6,349	0.65	4,127	27
271		Ptx3	1.6328	8	5	10	10,856	0.57	6,211	23
271		Ptx4	3.0415	6	3	9	19,474	0.78	15,204	40
279	Digestive System Malignancy		1.1593	855	389	773	6,725	0.87	5,836	36
279		Ptx1	0.7973	569	226	458	5,005	0.81	4,067	30
279		Ptx2	1.3112	164	82	156	8,046	0.73	5,863	46
279		Ptx3	1.2632	73	46	85	8,087	0.78	6,276	44
279		Ptx4	2.2951	49	34	75	14,699	0.81	11,844	71

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
281	G.I. Hemorrhage		0.6254	2,295	1,149	2,324	3,619	0.83	2,999	14
281		Plx1	0.4815	1,926	934	1,855	3,002	0.65	1,950	11
281		Plx2	0.9301	173	105	221	5,797	0.73	4,227	25
281		Plx3	1.1697	126	78	156	7,544	0.81	6,132	31
281		Plx4	1.7533	70	47	105	11,143	1.03	11,444	41
285	Complicated Ulcer		0.6859	196	91	191	3,953	0.70	2,783	18
285		Plx1	0.5860	158	77	157	3,616	0.71	2,571	17
285		Plx2	1.5079	18	9	21	9,444	0.72	6,780	53
285		Plx3	0.7782	11	7	15	4,860	0.56	2,714	21
285		Plx4	2.1626	9	4	7	13,785	0.94	12,976	44
286	Uncomplicated Ulcer		0.5712	259	94	205	3,288	0.70	2,296	14
286		Plx1	0.4669	234	79	171	2,915	0.63	1,827	11
286		Plx2	0.6613	14	7	17	4,138	0.81	3,342	17
286		Plx3	0.7697	11	5	10	4,911	0.44	2,181	22
286		Plx4	2.9128			1	16,359			16
289	Inflammatory Bowel Disease		0.5860	850	409	886	3,429	0.66	2,266	15
289		Plx1	0.5484	775	382	821	3,465	0.70	2,420	17
289		Plx2	0.7569	35	16	35	4,866	0.75	3,639	23
289		Plx3	0.8488	34	21	50	5,267	0.76	3,981	38
289		Plx4	2.9252	6	4	12	19,353	0.80	15,454	121
290	G.I. Obstruction		0.5272	2,188	917	1,821	2,949	0.72	2,113	14
290		Plx1	0.4343	1,946	820	1,622	2,638	0.65	1,719	11
290		Plx2	0.8289	137	50	104	4,965	0.75	3,713	26
290		Plx3	1.2981	68	26	56	7,930	0.85	6,780	40
290		Plx4	1.9766	37	20	35	12,214	0.67	8,155	54
294	Esophagitis, Gastroenteritis And Miscellaneous Digestive Disease		0.4651	11,989	3,538	7,569	2,666	0.80	2,138	13
294		Plx1	0.3761	11,013	3,100	6,614	2,342	0.72	1,689	10
294		Plx2	0.7259	559	217	485	4,569	0.74	3,384	23
294		Plx3	0.9193	300	139	296	5,957	0.86	5,122	27
294		Plx4	2.0580	117	80	163	13,490	0.76	10,245	55

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
297	Other G.I. Diagnoses		0.5839	1,835	998	1,959	3,418	0.91	3,108	16
297		Plx1	0.4512	1,581	838	1,660	2,831	0.78	2,199	13
297		Plx2	1.0413	114	71	127	6,754	0.78	5,241	33
297		Plx3	1.0676	89	63	113	6,920	0.75	5,173	33
297		Plx4	2.1720	51	38	80	14,113	0.96	13,486	45
310	PWS - Liver Transplant		8.0394	61	58	117	50,518	0.67	33,796	68
310		Plx1	4.3943	8	8	17	29,316	0.23	6,654	22
310		Plx2	4.7757	4	4	14	31,777	0.26	8,269	24
310		Plx3	5.4314	7	7	17	36,199	0.34	12,288	45
310		Plx4	10.8445	42	39	74	72,362	0.72	52,288	96
311	Major Pancreatic Procedures		3.5970	181	159	338	21,682	0.82	17,799	56
311		Plx1	2.2418	80	77	158	14,394	0.40	5,718	28
311		Plx2	2.8603	34	29	66	18,528	0.78	14,529	42
311		Plx3	4.1167	25	23	45	26,403	0.78	20,583	83
311		Plx4	7.9759	42	38	80	50,143	0.80	39,960	112
312	Major Hepatobiliary Procedures		2.2738	136	119	239	14,431	0.40	5,720	22
312		Plx1	1.9162	98	85	157	12,873	0.32	4,128	15
312		Plx2	2.0916	15	15	35	14,468	0.32	4,697	18
312		Plx3	2.7824	8	8	28	18,438	0.48	8,783	40
312		Plx4	5.3203	15	15	32	35,900	0.59	21,167	72
313	Common Duct Exploration		2.0594	33	31	56	11,978	0.65	7,786	38
313		Plx1	1.4631	22	19	34	9,217	0.58	5,386	29
313		Plx2	2.0869	5	4	7	12,585	0.32	3,970	34
313		Plx3	2.0850	3	3	6	11,822	0.52	6,115	36
313		Plx4	2.8397	3	3	6	18,388	0.57	10,455	56
314	Other Hepatobiliary And Pancreatic Procedures		1.8676	227	141	252	11,120	0.78	8,724	31
314		Plx1	1.3078	161	95	155	8,285	0.55	4,578	23
314		Plx2	1.8321	26	21	39	11,707	0.59	6,879	28
314		Plx3	2.1020	19	12	24	13,422	0.56	7,493	40
314		Plx4	3.7215	21	16	40	24,410	0.63	15,427	72

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
315	Cholecystectomy		1.4547	370	225	496	8,337	0.49	4,125	19
315		Plx1	1.1651	257	145	318	7,151	0.43	3,046	15
315		Plx2	1.3736	64	49	94	8,596	0.45	3,842	20
315		Plx3	1.8906	29	23	58	11,702	0.43	5,026	27
315		Plx4	3.2976	20	12	30	21,131	0.67	14,244	74
317	Laparoscopic Cholecystectomy		0.6497	3,453	912	2,223	3,656	0.46	1,673	7
317		Plx1	0.5661	3,051	777	1,892	3,451	0.45	1,540	7
317		Plx2	0.9065	303	143	363	5,636	0.47	2,677	15
317		Plx3	1.2760	62	29	75	7,887	0.48	3,801	22
317		Plx4	2.2113	37	17	36	14,034	0.57	8,056	39
320	Miscellaneous Hepatobiliary And Pancreatic Procedures		2.0276	79	62	116	12,278	0.97	11,924	35
320		Plx1	1.0553	51	41	67	7,007	0.47	3,291	14
320		Plx2	1.7670	11	8	11	12,141	0.47	5,744	30
320		Plx3	2.5675	3	3	16	17,310	0.61	10,485	31
320		Plx4	4.8586	14	10	21	31,189	0.71	21,995	64
323	Cirrhosis And Alcoholic Hepatitis		1.2162	449	253	512	7,030	1.11	7,791	32
323		Plx1	0.6270	189	85	160	3,872	0.63	2,439	18
323		Plx2	0.8715	124	69	152	5,350	0.66	3,527	27
323		Plx3	1.2595	68	50	95	7,828	0.84	6,612	40
323		Plx4	2.5734	68	51	110	16,420	0.95	15,640	64
324	Pancreatic Cancer Or Other Malignancy Of Hepatobiliary System		1.2614	685	387	739	7,382	0.79	5,845	39
324		Plx1	0.9652	385	185	365	5,971	0.77	4,571	36
324		Plx2	1.0802	162	96	175	6,796	0.69	4,711	34
324		Plx3	1.4698	79	59	109	9,468	0.75	7,147	47
324		Plx4	1.8469	59	47	88	11,881	0.71	8,405	49
325	Pancreas Diseases Except Malignancy		0.6293	1,858	851	1,691	3,545	0.78	2,749	15
325		Plx1	0.5039	1,536	696	1,382	3,063	0.68	2,073	14
325		Plx2	0.8118	174	90	191	5,039	0.71	3,591	22
325		Plx3	1.3831	80	50	101	8,656	0.68	5,891	36
325		Plx4	3.0890	68	44	83	19,266	0.95	18,359	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
326	Liver Diseases Except Cirrhosis Or Cancer		1.1990	701	380	758	7,087	1.14	8,113	30
326		Ptx1	0.6188	411	193	392	3,894	0.87	3,369	20
326		Ptx2	0.9826	135	75	155	6,185	0.85	5,283	33
326		Ptx3	1.4820	63	41	89	9,463	0.76	7,201	44
326		Ptx4	3.3832	92	74	132	21,629	0.95	20,458	51
329	Biliary Tract Diseases		0.5693	1,567	514	1,002	3,202	0.92	2,947	13
329		Ptx1	0.4188	1,276	376	724	2,538	0.70	1,782	10
329		Ptx2	0.8909	94	48	103	5,421	0.74	4,028	24
329		Ptx3	0.7485	158	72	151	4,613	1.05	4,827	20
329		Ptx4	2.3610	39	21	48	14,837	1.03	15,274	47
350	Multiple Or Bilateral Joint Replacement		2.6276	74	51	96	15,126	0.39	5,964	33
350		Ptx1	2.0406	52	36	63	12,593	0.26	3,314	15
350		Ptx2	2.5731	7	6	13	16,734	0.19	3,119	25
350		Ptx3	2.7176	8	3	8	16,544	0.53	8,788	53
350		Ptx4	9.3166	7	3	8	60,461	0.64	38,496	176
351	Joint Replacement For Trauma		2.4145	879	609	1,174	14,262	0.69	9,912	46
351		Ptx1	1.7375	558	375	728	10,965	0.41	4,475	27
351		Ptx2	2.7084	136	87	198	17,184	0.54	9,346	69
351		Ptx3	3.1656	76	60	115	20,307	0.57	11,509	67
351		Ptx4	4.6122	109	87	149	29,478	0.71	21,054	107
352	Hip Replacement		1.7506	2,422	1,520	2,969	10,091	0.28	2,846	14
352		Ptx1	1.5732	2,124	1,336	2,865	9,739	0.26	2,582	11
352		Ptx2	1.9724	156	104	227	12,374	0.34	4,228	24
352		Ptx3	2.1772	99	50	114	13,476	0.39	5,195	28
352		Ptx4	2.6117	43	26	59	16,744	0.42	7,098	38
354	Knee Replacement		1.5161	2,852	1,691	3,245	8,630	0.27	2,315	11
354		Ptx1	1.3852	2,619	1,580	2,976	8,508	0.26	2,227	11
354		Ptx2	1.6885	137	85	188	10,492	0.28	2,951	18
354		Ptx3	1.8935	69	40	104	11,710	0.39	4,572	22
354		Ptx4	2.4862	27	15	51	14,967	0.50	7,486	34

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
355	Reattachment Procedures Or Lower Extremity Or Shoulder Amputations		1.6349	103	55	122	9,730	0.96	9,325	34
355		Plx1	0.8989	65	39	79	5,859	0.45	2,623	15
355		Plx2	2.3030	14	10	22	14,489	0.88	12,759	51
355		Plx3	2.3461	14	7	12	15,198	0.38	5,792	56
355		Plx4	7.8921	10	8	19	49,148	0.86	42,160	143
356	Repair Hip And Femur Procedures		1.4556	196	168	319	9,087	0.75	6,854	27
356		Plx1	1.1215	156	137	260	7,596	0.77	5,860	20
356		Plx2	2.3585	14	11	28	15,643	0.49	7,721	53
356		Plx3	2.7401	12	10	19	17,360	0.41	7,123	31
356		Plx4	3.0658	14	12	14	20,493	0.67	13,826	82
358	Lower Extremity Procedures With Infection		1.3792	126	85	170	8,399	0.71	5,985	31
358		Plx1	1.0975	101	69	137	7,310	0.65	4,777	24
358		Plx2	1.6727	14	11	21	10,669	0.65	6,962	38
358		Plx3	5.0842	4	3	7	31,666	0.80	25,468	120
358		Plx4	3.7244	7	5	10	23,369	0.54	12,582	80
359	Upper Extremity Procedures With Infection		1.2784	48	36	71	7,925	0.71	5,634	31
359		Plx1	1.0326	43	34	64	6,949	0.67	4,667	23
359		Plx2	2.4883	3	1	4	17,398	0.42	7,355	54
359		Plx3	10.5427			2	65,383	0.33	21,461	78
359		Plx4	3.7696	2	2	3	24,739	0.75	18,493	93
360	Upper Extremity Amputations And Revisions		1.9398	61	45	98	11,770	1.01	11,882	41
360		Plx1	1.3240	38	31	68	8,558	0.73	6,256	31
360		Plx2	2.2229	5	4	12	13,794	0.86	11,915	87
360		Plx3	1.9631	8	5	8	13,510	0.56	7,558	29
360		Plx4	5.2002	10	9	14	33,346	0.67	22,442	101
361	Musculoskeletal Biopsy For Malignancy		2.4319	40	31	67	16,024	0.83	13,341	57
361		Plx1	1.7067	26	22	48	12,474	0.83	10,306	39
361		Plx2	2.4422	3	2	9	17,852	0.51	9,153	87
361		Plx3	5.4147	2	1	4	35,117	0.40	14,210	112
361		Plx4	4.5654	9	6	6	32,297	0.74	24,060	116

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
362	Musculoskeletal Biopsy Without Malignancy		1.8229	75	65	131	11,260	1.16	13,016	50
362		Ptx1	0.9745	46	39	87	6,757	0.73	4,950	29
362		Ptx2	2.1867	11	9	14	13,496	0.44	5,963	40
362		Ptx3	2.6665	12	10	15	17,952	0.64	11,465	81
362		Ptx4	7.3347	6	5	16	46,224	1.00	46,123	160
363	Back And Neck Procedures With Fusion		1.5443	990	737	1,686	10,064	0.61	6,156	15
363		Ptx1	1.3669	843	644	1,470	9,360	0.57	5,355	14
363		Ptx2	2.1218	73	61	156	14,341	0.49	7,064	23
363		Ptx3	3.1015	44	39	70	21,608	0.73	15,733	42
363		Ptx4	6.2516	30	29	50	44,989	0.72	32,334	85
365	Back And Neck Procedures Without Fusion		0.7504	1,138	984	1,729	4,806	0.52	2,482	10
365		Ptx1	0.6720	1,076	913	1,604	4,506	0.45	2,008	7
365		Ptx2	1.3312	41	37	70	9,213	0.69	6,323	23
365		Ptx3	1.5252	13	9	14	9,930	0.55	5,444	37
365		Ptx4	3.4980	8	8	14	22,562	0.69	15,633	55
367	Shoulder Arthroplasty		1.3276	127	109	201	7,430	0.34	2,498	11
367		Ptx1	1.1893	124	103	186	7,269	0.34	2,451	8
367		Ptx2	1.3764	3	2	7	8,851	0.16	1,402	12
367		Ptx3	1.1666			2	7,290	0.31	2,254	7
367		Ptx4	1.8949			2	12,292	0.32	3,976	12
368	Major Hip And Knee Procedures		0.8945	26	24	44	5,574	0.55	3,068	14
368		Ptx1	0.8121	26	24	42	5,465	0.56	3,057	14
368		Ptx2	1.3239			2	7,862	0.41	3,237	6
368		Ptx3	4.2642			2	29,113	0.67	19,383	60
368		Ptx4								
369	Major Lower Extremity Procedures		0.8910	441	277	576	5,657	0.55	3,116	8
369		Ptx1	0.8175	415	268	565	5,614	0.54	3,030	10
369		Ptx2	1.4863	18	13	20	10,410	0.46	4,820	17
369		Ptx3	1.4130	6	1	7	10,933	0.74	8,056	14
369		Ptx4	7.7980	2		1	43,796			44

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
372	Major Upper Extremity Procedures		0.7862	235	136	296	4,787	0.54	2,578	7
372		Plx1	0.6409	232	127	266	4,277	0.44	1,891	4
372		Plx2	1.8437	3	1	4	11,581	0.41	4,794	28
372		Plx3	1.2313			2	8,178	0.08	678	5
372		Plx4	8.3376			1	46,826			56
374	Minor Lower Extremity Procedures		0.5902	1,240	391	1,039	3,444	0.44	1,504	4
374		Plx1	0.5367	1,232	388	1,030	3,432	0.44	1,499	4
374		Plx2	0.9018	6	4	12	6,001	0.45	2,704	14
374		Plx3	1.0584	2	2	5	7,302	0.29	2,083	14
374		Plx4	2.1062			1	19,428			14
375	Minor Upper Extremity Procedures		0.4709	1,501	250	927	2,542	0.31	794	1
375		Plx1	0.4315	1,493	249	926	2,541	0.31	795	1
375		Plx2	0.8919	5	3	10	5,674	0.59	3,323	17
375		Plx3	0.8249	2		2	4,679	0.26	1,230	10
375		Plx4	11.6813	1	1	2	78,322	0.98	76,470	89
376	Miscellaneous Musculoskeletal Procedures		1.1371	186	133	303	7,251	0.79	5,745	13
376		Plx1	0.9956	173	128	288	6,805	0.78	5,308	10
376		Plx2	2.6363	4	4	10	19,173	0.51	9,809	22
376		Plx3	2.6219	4	2	5	19,630	0.67	13,198	62
376		Plx4	8.3762	5	4	11	58,916	0.34	19,813	43
377	Wound Debridement And Skin Graft For Musculoskeletal Disorders		1.2836	200	166	333	8,031	1.03	8,238	28
377		Plx1	0.8195	165	135	268	5,610	0.96	5,398	16
377		Plx2	2.4020	12	11	25	15,701	0.56	8,741	38
377		Plx3	2.2959	11	11	18	15,398	0.74	11,400	33
377		Plx4	11.8828	12	11	24	75,541	0.86	65,150	143
378	Soft Tissue Procedures (MNRH)		0.9647	82	66	131	6,081	0.75	4,534	21
378		Plx1	0.7096	63	55	108	4,927	0.60	2,939	13
378		Plx2	1.2562	7	4	7	7,867	0.43	3,384	24
378		Plx3	1.5539	9	6	10	11,062	0.49	5,430	23
378		Plx4	2.9164	3	2	7	18,462	0.49	9,028	31

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CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
379	Other Musculoskeletal Procedures (MNRH)		0.6375	655	503	998	4,025	0.91	3,674	7
379		Ptx1	0.4760	625	453	894	3,221	0.68	2,187	4
379		Ptx2	2.0219	13	11	23	13,912	0.87	12,165	17
379		Ptx3	2.8520	6	5	15	18,850	0.78	14,728	36
379		Ptx4	4.9552	11	11	19	32,735	0.78	25,652	57
380	Other Lower Extremity Procedures (MNRH)		0.3229	451	244	470	1,581	0.39	611	1
380		Ptx1	0.2905	448	244	470	1,581	0.39	611	1
380		Ptx2	0.9431	3	2	4	6,477	0.38	2,490	13
380		Ptx3	1.2239			1	8,118			4
380		Ptx4								
381	Hand And Wrist Procedures (MNRH)		0.4305	133	68	136	2,511	0.39	973	1
381		Ptx1	0.3948	130	68	136	2,511	0.39	973	1
381		Ptx2	0.9746	2	1	3	6,477	0.44	2,869	10
381		Ptx3	5.0314			1	31,533			47
381		Ptx4	2.9452	1	1	1	19,787			13
382	Arthroscopy (MNRH)		0.4517	20	10	16	2,523	0.60	1,502	4
382		Ptx1	0.4064	18	9	15	2,458	0.62	1,532	4
382		Ptx2	1.1642	1	1	2	7,413	0.75	5,554	11
382		Ptx3	2.3121	1	1	1	21,298			14
382		Ptx4								
383	PWS - Joint Replacement For Malignancy		2.6015	27	17	32	16,368	0.56	9,121	41
383		Ptx1	2.0168	20	12	21	13,154	0.33	4,364	22
383		Ptx2	1.3620	2	1	2	8,650	0.08	675	5
383		Ptx3	4.0486	2	1	5	28,363	0.32	9,029	67
383		Ptx4	9.3179	3	3	7	66,505	0.64	42,608	160
384	PWS - Back And Neck Procedures For Malignancy		3.2324	25	21	43	21,062	0.56	11,820	42
384		Ptx1	2.5113	18	15	26	17,010	0.48	8,131	37
384		Ptx2	2.8972	2	2	5	19,478	0.27	5,280	18
384		Ptx3	4.0556	3	2	4	26,393	0.27	7,120	22
384		Ptx4	5.4847	2	2	8	38,950	0.54	21,215	94

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
385	PWS - Major Orthopaedic Oncology Procedures		2.6819	19	15	33	18,189	1.10	20,076	38
385		Plx1	1.6044	11	10	23	11,331	0.57	6,426	24
385		Plx2	2.1110	4	2	5	13,369	0.44	5,895	50
385		Plx3	4.2343	2	2	2	36,342	0.66	24,105	22
385		Plx4	8.9286	2	2	4	62,909	0.48	29,914	55
386	Other Orthopaedic Oncology Procedures		1.5280	68	45	99	9,498	0.77	7,270	23
386		Plx1	1.1802	52	37	83	7,774	0.68	5,283	17
386		Plx2	2.0246	5	4	8	12,768	0.50	6,360	12
386		Plx3	4.4253	4	4	5	27,459	0.43	11,934	56
386		Plx4	5.3944	7	5	7	38,504	0.38	14,533	107
391	Secondary Neoplasms And Pathological Fractures		1.6270	673	341	649	9,804	0.78	7,654	48
391		Plx1	1.2361	424	199	390	7,838	0.67	5,289	41
391		Plx2	1.6251	136	83	157	10,503	0.68	7,156	55
391		Plx3	2.0197	53	25	43	12,996	0.70	9,036	61
391		Plx4	3.6152	60	38	65	22,539	0.70	15,807	98
392	Osteomyelitis		1.3899	130	54	122	8,310	0.81	6,703	43
392		Plx1	0.9330	91	41	82	6,176	0.67	4,144	30
392		Plx2	1.8207	8	2	11	12,080	0.79	9,496	68
392		Plx3	1.5506	21	8	19	9,873	0.34	3,360	47
392		Plx4	5.8695	10	5	14	35,533	0.77	27,361	161
393	Rheumatoid Arthritis		1.2359	178	72	120	7,368	0.99	7,263	33
393		Plx1	0.8610	135	44	69	4,274	0.78	3,327	22
393		Plx2	1.3571	19	7	18	8,860	0.89	7,842	59
393		Plx3	1.5256	13	9	13	9,975	0.87	8,691	52
393		Plx4	3.4159	11	10	20	22,227	0.78	17,250	73
394	Septic Arthritis		0.8908	100	44	76	5,188	0.87	4,517	26
394		Plx1	0.5938	74	27	54	3,813	0.83	3,164	20
394		Plx2	1.5255	8	5	7	9,636	0.47	4,568	30
394		Plx3	0.9110	16	8	11	5,618	0.79	4,455	29
394		Plx4	4.2688	2	2	3	27,611	0.60	16,664	106

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
397	Non-Inflammatory Arthritis		0.9531	204	46	105	5,181	0.78	4,046	27
397		Plx1	0.7679	173	39	86	4,614	0.83	3,816	21
397		Plx2	1.7517	21	6	14	9,869	0.71	6,967	54
397		Plx3	1.5457	8	3	8	9,445	0.72	6,790	106
397		Plx4	3.5631	2	1	2	23,052	0.02	433	91
398	Other Inflammatory Arthritis		0.7654	686	291	555	4,531	0.90	4,066	21
398		Plx1	0.5529	517	204	389	3,594	0.70	2,532	17
398		Plx2	0.9097	77	35	81	5,666	0.81	4,614	31
398		Plx3	1.6288	58	37	65	10,114	1.08	10,899	57
398		Plx4	3.1699	34	26	44	20,550	1.08	22,287	58
399	Orthopaedic Aftercare		0.8012	440	193	393	4,495	1.00	4,484	29
399		Plx1	0.5679	364	142	308	3,510	0.94	3,315	25
399		Plx2	1.5021	37	28	44	8,722	0.83	7,218	59
399		Plx3	1.8083	29	21	38	10,377	0.71	7,347	72
399		Plx4	2.6042	10	7	18	15,029	0.79	11,871	76
401	Other Musculoskeletal Malignancies		0.9897	57	31	58	6,450	0.84	5,394	27
401		Plx1	0.6588	33	16	32	4,497	0.72	3,240	17
401		Plx2	1.1177	16	11	16	8,196	0.77	6,341	34
401		Plx3	1.7849	4	4	8	10,682	0.74	7,954	51
401		Plx4	1.8816	4	1	3	13,351	0.72	9,615	72
402	Disc Disease		0.8586	845	223	470	4,958	0.75	3,730	27
402		Plx1	0.6721	753	188	397	4,139	0.66	2,739	24
402		Plx2	1.9218	52	26	54	11,566	0.70	8,135	65
402		Plx3	2.3726	23	10	21	15,898	0.66	10,556	63
402		Plx4	2.1779	17	6	13	13,353	0.43	5,785	93
404	Other Musculoskeletal Infections		1.1181	1	1	4	6,681	0.66	4,383	37
404		Plx1	1.0377	1	1	4	6,681	0.66	4,383	37
404		Plx2								
404		Plx3								
404		Plx4								

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
407	Other Musculoskeletal Disorders		0.7438	127	53	109	4,581	0.98	4,468	19
407		Plx1	0.5181	106	40	83	3,406	0.78	2,653	13
407		Plx2	1.2550	11	6	11	9,269	0.76	7,029	29
407		Plx3	1.3528	8	6	11	8,536	0.82	7,034	24
407		Plx4	1.4962	2	2	3	9,707	1.16	11,232	66
409	Back Pain (MNRH)		0.5948	900	184	397	3,474	0.78	2,704	17
409		Plx1	0.4547	800	154	333	2,872	0.72	2,067	14
409		Plx2	1.3000	71	20	50	8,176	0.69	5,675	38
409		Plx3	1.4894	23	9	15	10,014	0.70	7,047	52
409		Plx4	2.7377	6	5	10	16,881	0.78	13,107	89
411	Signs, Symptoms And Deformities (MNRH)		0.5886	454	145	285	3,486	0.79	2,761	17
411		Plx1	0.4710	411	125	245	3,003	0.75	2,264	14
411		Plx2	1.2520	26	12	23	8,001	0.67	5,370	40
411		Plx3	1.1687	14	8	16	7,686	0.84	6,433	52
411		Plx4	4.1495	3	1	3	26,032	1.21	31,476	209
413	Joint Derangements (MNRH)		0.6356	122	49	110	3,688	1.02	3,753	19
413		Plx1	0.4723	109	42	95	2,961	0.88	2,603	13
413		Plx2	0.7512	5	3	6	4,564	0.41	1,891	20
413		Plx3	1.5981	7	2	5	10,160	0.61	6,205	40
413		Plx4	1.4754	1	1	2	10,165	0.93	9,445	27
414	Sprains Strains And Minor Injuries (MNRH)		0.4841	144	45	90	2,859	0.81	2,309	19
414		Plx1	0.4144	132	41	84	2,624	0.80	2,099	16
414		Plx2	1.2979	6	3	4	8,368	0.75	6,298	36
414		Plx3	2.3624	3	2	3	14,592	0.76	11,059	61
414		Plx4	1.1058	3	1	1	7,429			27
425	Skin Graft And Wound Debridement For Dermatologic Dis Except Ulcer Or Cellulitis		0.6122	1,272	649	1,142	3,547	0.49	1,731	4
425		Plx1	0.5596	1,211	642	1,124	3,514	0.48	1,698	4
425		Plx2	1.9423	34	22	47	13,249	0.61	8,071	23
425		Plx3	2.4739	11	8	24	15,748	0.37	5,784	18

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
425		Plx4	3.7936	16	14	24	25,836	0.86	22,156	54
427	Skin Graft And Wound Debridement For Skin Ulcer Or Cellulitis		3.7079	65	47	109	22,019	1.03	22,726	105
427		Plx1	1.8921	49	36	72	12,148	0.72	8,756	54
427		Plx2	6.3231	3	3	9	38,679	0.50	19,423	148
427		Plx3	5.2423	5	3	13	33,160	0.60	20,034	106
427		Plx4	9.2763	8	6	16	58,022	0.66	38,081	176
428	Breast Procedures Except Biopsy And Local Excision Without Malignancy		0.6497	251	175	377	3,819	0.38	1,435	4
428		Plx1	0.5923	240	169	367	3,767	0.36	1,350	4
428		Plx2	1.0677	9	6	9	7,284	0.73	5,316	7
428		Plx3	0.6089			1	3,816			2
428		Plx4	0.9847	2	1	1	7,109			4
429	Total Mastectomy For Breast Malignancy		0.5879	904	640	1,238	3,307	0.36	1,175	4
429		Plx1	0.5369	866	629	1,220	3,286	0.35	1,158	4
429		Plx2	1.2440	26	15	25	7,339	0.62	4,563	20
429		Plx3	1.0573	10	5	9	6,424	0.29	1,874	19
429		Plx4	2.9761	2	1	1	21,486			109
432	Subtotal Mastectomy And Other Breast Procedures For Malignancy		0.5209	766	595	1,206	3,017	0.33	1,001	4
432		Plx1	0.4802	752	589	1,191	3,007	0.33	992	4
432		Plx2	0.6730	12	6	14	4,141	0.70	2,916	10
432		Plx3	1.8960	2	1	2	12,901	0.77	9,980	25
432		Plx4	1.0375			2	6,958	0.06	383	6
434	Breast Biopsy And Local Excision Without Malignancy		0.4176	85	43	87	2,322	0.40	938	1
434		Plx1	0.3816	82	43	87	2,322	0.40	938	1
434		Plx2	0.7513	1	1	2	5,087	0.25	1,288	3
434		Plx3	1.4792	1						11
434		Plx4	82.0342	1	1	1	551,125			361
435	Perianal And Pilonidal Cyst Procedures		0.3635	108	41	79	2,119	0.63	1,342	7
435		Plx1	0.3218	103	38	76	2,048	0.61	1,252	7
435		Plx2	1.1970	4	3	5	7,530	0.70	5,249	18
435		Plx3	1.4737			1	9,775			12

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
435		Plx4	2.7568	1	1	2	15,383	0.51	7,879	29
436	Plastic Surgery		0.5978	96	29	55	3,633	0.44	1,610	4
436		Plx1	0.5556	93	29	55	3,633	0.44	1,610	4
436		Plx2	0.5554	1						7
436		Plx3	2.3012	1		1	14,343			46
436		Plx4	4.3580	1	1	1	23,986			82
437	Other Dermatological Procedures Without Malignancy Or Skin Ulcer Or Cellulitis		0.6149	230	142	301	3,738	0.69	2,564	13
437		Plx1	0.5250	207	126	278	3,455	0.66	2,284	10
437		Plx2	0.9813	9	7	10	6,364	0.54	3,448	28
437		Plx3	1.3638	7	5	9	8,497	0.76	6,417	75
437		Plx4	4.1074	7	6	9	25,883	0.60	15,636	94
438	Other Dermatological Procedures For Malignancy Or Skin Ulcer Or Cellulitis		1.3055	194	118	222	7,839	1.04	8,132	40
438		Plx1	0.7594	135	82	156	4,893	0.81	3,944	19
438		Plx2	1.2181	22	12	21	7,535	0.62	4,684	48
438		Plx3	2.7643	15	13	25	17,867	0.93	16,638	110
438		Plx4	7.5709	22	20	30	49,182	0.85	41,872	181
439	Skin Ulcer		2.1882	175	44	106	12,360	0.74	9,200	62
439		Plx1	1.6454	105	25	56	9,971	0.64	6,429	59
439		Plx2	2.7449	24	4	12	15,988	0.64	10,193	65
439		Plx3	1.5319	31	6	20	9,311	0.66	6,115	54
439		Plx4	4.0972	15	11	21	26,399	0.74	19,481	105
440	Major Skin Disorders		0.8104	135	46	109	5,210	1.06	5,502	23
440		Plx1	0.6399	113	38	84	4,425	0.92	4,050	20
440		Plx2	1.1323	16	6	19	7,098	0.64	4,513	39
440		Plx3	1.1584	6	3	7	7,899	0.71	5,595	33
440		Plx4	5.3046			4	29,363	0.60	17,651	69
443	Malignant Breast Disorders		1.2048	121	37	92	6,960	0.87	6,047	43
443		Plx1	0.6847	55	15	43	4,262	0.74	3,175	38
443		Plx2	1.2891	40	10	23	7,778	0.76	5,902	39

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
443		Plx3	1.8251	17	7	15	11,497	0.74	8,537	73
443		Plx4	1.4679	9	5	11	9,614	0.66	6,346	70
446	Non-Malignant Breast Disorders		0.3221	39	15	26	1,979	0.72	1,421	10
446		Plx1	0.2983	39	15	26	1,979	0.72	1,421	10
446		Plx2								5
446		Plx3								
446		Plx4								
447	Cellulitis		0.7216	1,806	588	1,194	4,077	0.77	3,159	18
447		Plx1	0.5578	1,444	425	895	3,437	0.70	2,401	15
447		Plx2	0.9287	191	89	161	5,589	0.66	3,662	28
447		Plx3	1.0286	110	54	100	6,368	0.71	4,523	36
447		Plx4	2.6045	61	45	80	15,721	0.73	11,460	80
452	Trauma Of Skin, Subcutaneous Tissue And Breast		0.4015	299	77	159	2,483	0.80	1,980	10
452		Plx1	0.3052	265	61	134	2,076	0.68	1,408	7
452		Plx2	0.9479	21	9	13	5,610	0.67	3,739	29
452		Plx3	1.0791	11	6	10	6,600	0.96	6,353	35
452		Plx4	1.9172	2		1	13,748			84
454	Minor Skin Disorders		0.4617	366	116	253	2,702	0.86	2,329	13
454		Plx1	0.3865	324	102	219	2,456	0.80	1,958	10
454		Plx2	0.7094	16	11	23	4,431	0.89	3,936	38
454		Plx3	1.9367	13	5	10	11,795	0.93	10,994	46
454		Plx4	2.4374	13	6	11	15,534	0.68	10,602	68
476	PWS - Adrenal And Pituitary Procedures		1.4256	122	112	208	9,211	0.46	4,231	12
476		Plx1	1.2439	102	93	181	8,401	0.38	3,166	9
476		Plx2	2.4191	11	11	17	17,554	0.54	9,555	27
476		Plx3	2.9383	5	5	10	22,580	0.63	14,174	38
476		Plx4	5.2511	4	2	5	37,216	0.33	12,215	37
477	Parathyroid Procedures		0.6487	168	135	265	4,175	0.48	1,992	7
477		Plx1	0.5572	157	120	233	3,757	0.41	1,529	4
477		Plx2	1.6536	5	5	10	11,757	0.57	6,753	18

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
477		Plx3	0.6689	5	4	7	4,791	0.32	1,512	8
477		Plx4	4.0857	1		5	28,331	0.75	21,308	86
478	Obesity Procedures		0.9425	404	93	159	5,336	0.36	1,931	8
478		Plx1	0.8641	380	86	148	5,192	0.33	1,729	8
478		Plx2	1.1470	16	6	9	6,831	0.36	2,451	12
478		Plx3	1.7519	4	2	4	10,721	0.42	4,481	19
478		Plx4	6.5819	4	1	2	39,091	0.87	33,867	44
479	Thyroid Procedures		0.6081	937	743	1,379	3,641	0.40	1,443	4
479		Plx1	0.5586	908	730	1,349	3,592	0.39	1,403	4
479		Plx2	1.1025	14	11	18	7,307	0.40	2,938	10
479		Plx3	1.0557	10	6	22	7,276	0.47	3,423	17
479		Plx4	2.5019	5	4	6	17,268	0.66	11,318	52
480	Thyroglossal Procedures		0.4659	15	10	16	2,904	0.42	1,227	4
480		Plx1	0.4295	15	10	16	2,904	0.42	1,227	4
480		Plx2								
480		Plx3								
480		Plx4								
482	Other Endocrine, Nutrition And Metabolic Procedures		5.0834	123	97	188	31,874	1.02	32,504	42
482		Plx1	4.7759	64	53	106	32,055	1.11	35,631	26
482		Plx2	5.6942	17	13	27	37,887	1.02	38,670	22
482		Plx3	3.8936	11	10	17	25,527	0.83	21,106	44
482		Plx4	7.4527	31	27	46	49,003	1.02	50,039	108
483	Diabetes		0.6254	2,789	923	1,812	3,608	0.88	3,186	20
483		Plx1	0.4504	2,175	689	1,354	2,864	0.73	2,098	17
483		Plx2	0.8605	284	89	183	5,176	0.70	3,645	28
483		Plx3	0.9016	232	108	198	5,604	0.84	4,734	27
483		Plx4	2.5273	98	59	124	15,516	0.99	15,299	67
485	Nutritional And Miscellaneous Metabolic Disorders		0.7248	2,343	905	1,861	4,257	0.91	3,874	20
485		Plx1	0.5020	1,721	580	1,202	3,169	0.79	2,497	14
485		Plx2	0.8978	352	162	361	5,734	0.87	5,005	27

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
485		Plx3	1.1458	169	105	200	7,345	0.84	6,164	36
485		Plx4	2.0791	101	69	124	13,738	0.91	12,475	66
487	Cystic Fibrosis		1.8421	119	99	211	13,161	0.78	10,319	30
487		Plx1	1.5012	83	65	131	12,031	0.50	5,960	30
487		Plx2	1.5723	10	8	34	12,272	0.75	9,260	32
487		Plx3	1.6127	17	17	30	11,850	0.58	6,826	31
487		Plx4	3.4737	9	9	17	26,831	0.95	25,444	44
488	Inborn Errors Of Metabolism		1.5415	62	43	78	11,088	1.86	20,607	22
488		Plx1	1.1125	48	37	63	9,355	1.81	16,907	20
488		Plx2	0.8453	10	4	5	5,662	0.45	2,572	26
488		Plx3	4.1847	2		4	35,950	1.67	60,170	32
488		Plx4	2.7843	2	1	5	18,402	0.86	15,884	38
489	Endocrine Disorders		0.7798	388	172	351	4,788	0.99	4,721	22
489		Plx1	0.5457	319	128	276	3,650	0.72	2,632	16
489		Plx2	1.3845	40	21	42	9,050	0.76	6,859	52
489		Plx3	1.4205	17	12	22	9,463	0.79	7,488	58
489		Plx4	2.8193	12	7	16	19,217	0.82	15,801	83
500	PWS - Kidney Transplant		2.9056	134	119	236	19,024	0.39	7,482	20
500		Plx1	2.2525	70	66	122	15,632	0.29	4,458	13
500		Plx2	2.5081	13	13	21	17,543	0.28	4,851	19
500		Plx3	3.2877	28	24	60	22,551	0.38	8,660	24
500		Plx4	5.1103	23	23	45	35,652	0.60	21,369	51
501	Urinary Diversion And Augmentation		2.2902	128	111	226	13,296	0.45	5,928	29
501		Plx1	1.7975	79	72	147	11,299	0.36	4,060	24
501		Plx2	2.1685	14	12	27	13,562	0.25	3,429	31
501		Plx3	3.1050	16	16	28	18,819	0.59	11,096	50
501		Plx4	4.6542	19	17	33	28,817	0.61	17,545	85
502	Radical Prostatectomy		1.0710	711	645	1,242	6,051	0.26	1,555	9
502		Plx1	0.9716	647	597	1,139	5,933	0.24	1,442	9
502		Plx2	1.1690	47	38	81	7,251	0.28	2,050	10

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
502		Plx3	1.3116	13	9	22	8,176	0.29	2,354	17
502		Plx4	2.2775	4	4	9	14,510	0.71	10,344	35
503	Dialysis Procedures		1.0958	167	140	332	7,057	1.53	10,763	40
503		Plx1	0.3369	105	79	198	2,216	0.45	986	4
503		Plx2	0.9784	27	22	54	6,833	0.95	6,478	38
503		Plx3	2.8287	14	13	24	19,359	0.75	14,582	68
503		Plx4	12.0058	21	19	42	80,239	0.78	62,729	250
504	Major Urinary Tract Procedures		1.2394	667	562	1,120	7,469	0.46	3,451	15
504		Plx1	1.0723	567	489	971	7,012	0.44	3,060	12
504		Plx2	1.5170	57	47	86	9,766	0.46	4,487	21
504		Plx3	1.9111	22	16	39	12,372	0.50	6,148	23
504		Plx4	3.8500	21	17	43	24,714	0.76	18,709	70
505	Reconstructive Urological Procedures		0.7887	61	47	93	4,450	0.60	2,657	11
505		Plx1	0.7107	56	43	85	4,335	0.59	2,568	13
505		Plx2	1.5971	5	5	7	9,259	0.91	8,444	20
505		Plx3	0.6204			2	3,670	0.04	133	4
505		Plx4								
506	Open Prostatectomy		0.9089	22	20	35	5,147	0.49	2,547	12
506		Plx1	0.7252	19	17	29	4,465	0.38	1,701	11
506		Plx2	0.9469	2	1	3	5,373	0.07	384	5
506		Plx3	1.8051	1	1	1	10,946			11
506		Plx4	2.3373			1	13,127			8
507	Vascular And Other Urinary Procedures		2.0093	27	21	45	12,444	0.95	11,879	56
507		Plx1	0.9039	15	11	24	5,706	0.52	2,947	11
507		Plx2	2.2614	2	1	4	17,130	0.73	12,591	51
507		Plx3	1.7523	2	2	5	11,930	0.74	8,850	40
507		Plx4	8.3268	8	7	13	54,223	0.92	49,920	175
508	Minor Upper Urinary Tract Procedures		1.0356	293	224	512	6,011	0.50	2,991	14
508		Plx1	0.8662	259	203	444	5,413	0.41	2,210	11
508		Plx2	1.4572	13	11	36	9,294	0.52	4,810	26

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
508		Ptx3	1.8470	15	12	34	12,064	0.35	4,276	28
508		Ptx4	4.1653	6	6	17	26,701	0.62	16,429	88
509	Minor Lower Urinary Tract Procedures		0.7352	155	85	152	4,367	0.61	2,679	10
509		Ptx1	0.6355	139	78	138	4,061	0.58	2,350	7
509		Ptx2	1.3188	9	3	7	8,379	0.72	6,074	23
509		Ptx3	0.9557	2	1	2	6,179	0.12	770	42
509		Ptx4	1.9690	5	2	3	12,758	0.91	11,610	35
510	Transurethral Prostatectomy		0.5074	1,373	987	1,633	2,789	0.40	1,125	7
510		Ptx1	0.4506	1,293	955	1,573	2,721	0.37	1,002	7
510		Ptx2	0.9155	54	31	56	5,590	0.56	3,104	17
510		Ptx3	1.4699	20	12	22	8,987	0.74	6,673	43
510		Ptx4	1.2774	6	4	13	7,943	0.43	3,446	37
512	Other Transurethral Or Biopsy Procedures (MNRH)		0.3668	1,655	1,169	2,147	2,027	0.43	880	4
512		Ptx1	0.3300	1,606	1,157	2,115	2,008	0.42	851	4
512		Ptx2	0.8262	25	21	45	5,147	0.65	3,365	17
512		Ptx3	1.2153	14	9	20	7,410	0.68	5,015	37
512		Ptx4	3.7329	10	8	13	23,783	0.57	13,584	114
514	Miscellaneous Urinary Tract Procedures (MNRH)		0.2872	12	8	21	1,501	0.49	735	2
514		Ptx1	0.2601	12	8	20	1,486	0.51	751	1
514		Ptx2	0.2964			1	1,786			28
514		Ptx3								
514		Ptx4								
520	Renal Failure With Dialysis		2.5159	194	133	288	16,104	0.82	13,150	58
520		Ptx1	1.6124	79	51	100	11,218	0.75	8,360	46
520		Ptx2	1.9226	45	33	64	13,133	0.70	9,203	45
520		Ptx3	2.3672	37	21	50	15,877	0.67	10,639	57
520		Ptx4	4.5183	33	28	76	30,674	1.29	39,621	82
521	Renal Failure Without Dialysis		1.1057	1,180	533	1,065	6,428	0.94	6,021	33
521		Ptx1	0.7217	663	286	564	4,475	0.77	3,437	23
521		Ptx2	1.0752	244	105	216	6,733	0.86	5,815	34

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
521		Plx3	1.4567	166	85	173	9,111	0.75	6,850	47
521		Plx4	2.1227	107	66	125	13,554	0.81	10,961	62
522	Urinary Neoplasm		1.3453	401	158	321	7,789	0.88	6,860	48
522		Plx1	0.8001	224	73	157	4,880	0.88	4,312	35
522		Plx2	1.3444	102	43	77	8,307	0.79	6,589	55
522		Plx3	1.6135	42	21	45	9,894	0.77	7,619	55
522		Plx4	2.8633	33	23	46	18,669	0.62	11,653	83
524	Nephrotic Syndrome		0.7035	51	33	86	4,563	0.91	4,146	20
524		Plx1	0.5409	37	25	63	3,957	0.65	2,579	14
524		Plx2	0.9948	7	4	10	6,185	0.34	2,077	22
524		Plx3	0.6641	6	4	11	4,284	0.80	3,438	34
524		Plx4	2.9160	1	1	7	20,914	0.66	13,822	55
525	Nephropathy Without Nephrotic Syndrome		0.8563	73	42	77	5,496	0.72	3,930	20
525		Plx1	0.5189	50	24	39	3,861	0.76	2,931	11
525		Plx2	0.7920	9	6	10	5,401	0.63	3,380	16
525		Plx3	1.0092	11	9	22	6,750	0.46	3,085	20
525		Plx4	4.7057	3	2	6	28,868	0.77	22,198	79
526	Miscellaneous Nephrological Diagnosis		0.7537	21	13	30	4,760	0.90	4,290	21
526		Plx1	0.5389	14	8	21	3,556	0.69	2,444	13
526		Plx2	1.4696	1	1	6	10,125	0.65	6,554	43
526		Plx3	0.7366	5	4	4	4,990	0.87	4,360	28
526		Plx4	11.8699	1	1	1	70,854			40
527	Upper Urinary Tract Infection		0.5434	1,061	410	843	3,207	0.71	2,272	11
527		Plx1	0.4683	953	365	742	3,063	0.64	1,943	11
527		Plx2	0.8298	43	21	52	5,225	0.73	3,808	23
527		Plx3	0.7401	50	25	53	4,719	0.72	3,397	20
527		Plx4	1.6700	15	10	17	10,634	0.80	8,461	30
529	Lower Urinary Tract Infection		0.7781	1,788	774	1,552	4,484	0.86	3,849	20
529		Plx1	0.5491	1,404	535	1,087	3,393	0.65	2,220	14
529		Plx2	1.0184	199	106	195	6,313	0.73	4,630	30

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
529		Plx3	1.0461	124	82	103	6,557	0.73	4,803	28
529		Plx4	1.9533	71	58	115	12,318	0.92	11,312	49
532	Urinary Retention And Other Functional Disorders Of Bladder		0.4642	268	77	143	2,707	1.01	2,741	16
532		Plx1	0.3922	240	70	125	2,477	1.07	2,654	15
532		Plx2	0.8746	15	5	10	5,668	0.94	5,300	31
532		Plx3	0.6986	10	1	7	4,455	0.77	3,443	38
532		Plx4	1.0329	3	2	3	6,190	0.37	2,310	30
534	Miscellaneous Urological Diagnoses (MNRH)		0.5133	260	158	280	3,023	0.83	2,506	13
534		Plx1	0.3970	228	135	237	2,499	0.70	1,746	10
534		Plx2	0.8625	15	11	20	5,948	0.72	4,285	22
534		Plx3	1.1779	9	8	15	7,521	0.87	6,557	22
534		Plx4	3.4395	8	5	12	21,479	0.94	20,124	71
535	Hematuria (MNRH)		0.4798	225	109	244	2,663	0.83	2,216	14
535		Plx1	0.3668	206	99	214	2,252	0.68	1,525	11
535		Plx2	0.8066	10	5	13	4,924	0.74	3,631	26
535		Plx3	0.8239	5	3	10	5,317	0.85	4,535	27
535		Plx4	1.4985	4	2	5	9,389	0.60	5,652	44
536	Urinary Obstruction (MNRH)		0.3382	2,189	699	1,439	1,845	0.64	1,187	7
536		Plx1	0.2998	2,105	674	1,378	1,804	0.64	1,160	7
536		Plx2	0.6048	38	16	35	3,628	0.74	2,694	20
536		Plx3	0.6945	33	15	37	4,303	0.67	2,882	24
536		Plx4	2.1503	13	6	16	13,175	0.92	12,118	81
538	Admission For Dialysis (MNRH)		0.6987	3	2	3	4,790	0.69	3,307	20
538		Plx1	0.2854	1		1	1,893			20
538		Plx2	1.1626	1	1	1	8,393			7
538		Plx3	0.5655	1	1	1	4,082			2
538		Plx4								
550	Major Pelvic And Retroperitoneum Procedures		4.0791	2	2	2	26,111	0.79	20,588	15
550		Plx1	1.6002	1	1	1	11,552			6
550		Plx2								

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
550		Plx3								
550		Plx4	6.0535	1	1	1	40,669			15
551	Penis Procedures		0.5175	114	84	144	3,503	0.52	1,831	4
551		Plx1	0.4585	111	84	141	3,427	0.48	1,645	4
551		Plx2	0.9784	2	2	3	6,428	0.20	1,307	10
551		Plx3								
551		Plx4	11.5947	1	1	5	71,967	0.82	58,683	176
552	Testes Procedures		0.3950	150	112	187	2,350	0.51	1,195	4
552		Plx1	0.3589	141	111	184	2,342	0.51	1,201	4
552		Plx2	1.6677	4	1	7	10,942	0.80	8,765	55
552		Plx3	3.1666	2		2	20,571	1.09	22,336	84
552		Plx4	9.2932	3	2	2	55,924	0.65	36,296	48
554	Miscellaneous Male Reproductive System Procedures (MNRH)		0.3146	176	75	138	1,740	0.44	762	1
554		Plx1	0.2816	171	75	138	1,740	0.44	762	1
554		Plx2	1.2370	2	1	2	9,780	0.51	4,980	26
554		Plx3	0.3600	2	1	1	3,316			3
554		Plx4	14.4840	1	1	1	104,565			52
555	Circumcision (MNRH)		0.2594	50	8	12	1,706	0.40	680	1
555		Plx1	0.2304	49	8	12	1,706	0.40	680	1
555		Plx2	0.4724	1	1	1	4,351			3
555		Plx3								
555		Plx4								
560	Malignancy Of Male Reproductive Organ		1.8797	6	1	4	12,293	0.53	6,488	35
560		Plx1	1.5484	4		1	11,103			27
560		Plx2	1.1281	1		1	8,089			9
560		Plx3	1.4915			1	8,184			13
560		Plx4	3.0191	1	1	1	21,796			17
561	Male Reproductive System Inflammation		0.4268	102	43	84	2,396	0.62	1,478	11
561		Plx1	0.3711	94	41	79	2,287	0.61	1,400	11
561		Plx2	0.6781	6	2	3	3,888	0.29	1,129	10

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
561		Ptx3	0.4806	2		1	2,250			13
561		Ptx4	0.9321			1	6,683			7
562	Other Male Reproductive System Diagnoses		0.4463	13	8	24	2,399	1.22	2,919	13
562		Ptx1	0.2991	11	7	21	1,759	0.63	1,109	12
562		Ptx2	0.4790	1	1	2	2,787	0.52	1,436	6
562		Ptx3								
562		Ptx4	2.4333	1	1	2	14,379	0.07	969	39
563	Miscellaneous Male Reproductive System Diagnoses (MNRH)		0.3349	21	10	14	2,075	0.88	1,828	19
563		Ptx1	0.3089	19	9	13	2,098	0.91	1,901	16
563		Ptx2	0.2646	2	1	1	1,778			60
563		Ptx3	8.1750			1	44,858			69
563		Ptx4								
575	PWS - Pelvic Exenteration		2.3617	2	2	3	14,069	0.28	3,907	15
575		Ptx1	1.7354	1	1	1	12,529			11
575		Ptx2								
575		Ptx3	2.4791	1	1	2	14,839	0.35	5,193	10
575		Ptx4								18
576	PWS - Radical Hysterectomy And Vulvectomy		1.1839	89	78	186	7,027	0.34	2,416	13
576		Ptx1	1.0719	74	64	158	6,664	0.33	2,173	12
576		Ptx2	1.4650	3	3	14	9,308	0.31	2,882	18
576		Ptx3	1.3393	9	9	10	8,625	0.36	3,129	16
576		Ptx4	3.0668	3	3	6	21,701	0.87	18,888	67
577	Major Gynecological Procedures For Ovarian Or Adnexal Malignancy		1.2449	212	180	341	7,580	0.49	3,712	16
577		Ptx1	1.0699	154	132	262	6,825	0.41	2,795	15
577		Ptx2	1.2167	19	18	32	8,157	0.38	3,132	17
577		Ptx3	1.6607	19	18	31	11,001	0.50	5,517	22
577		Ptx4	2.7074	20	17	27	17,564	0.54	9,510	50
578	Major Gynecological Procedures For Malignancy Except Ovarian Or Adnexal		0.8955	394	290	595	5,223	0.42	2,209	9
578		Ptx1	0.8032	343	258	536	4,950	0.39	1,937	9
578		Ptx2	1.1399	24	21	32	7,548	0.42	3,186	11

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
578		Plx3	1.4077	18	14	31	9,128	0.43	3,943	17
578		Plx4	3.4576	9	7	18	22,030	0.56	12,408	44
579	Major Uterine And Adnexal Procedures Without Malignancy		0.6995	6,050	4,206	8,493	3,819	0.38	1,448	8
579		Plx1	0.6326	5,803	4,066	8,199	3,743	0.36	1,356	8
579		Plx2	1.0041	116	78	170	6,094	0.45	2,733	13
579		Plx3	1.1017	98	66	129	6,741	0.38	2,540	13
579		Plx4	1.5472	33	23	41	9,857	0.67	6,621	17
581	Reconstructive Gynecological Procedures		0.6896	1,230	881	1,601	3,966	0.45	1,779	8
581		Plx1	0.6265	1,191	861	1,539	3,868	0.44	1,689	8
581		Plx2	1.0385	21	17	48	6,715	0.37	2,501	16
581		Plx3	1.3679	15	13	27	8,510	0.40	3,420	22
581		Plx4	1.6769	3	3	6	10,524	0.37	3,943	23
582	Other Gynecological Procedures		0.7474	119	81	172	4,240	0.56	2,395	11
582		Plx1	0.6197	114	74	153	3,787	0.48	1,831	8
582		Plx2	0.8025	1	1	3	4,974	0.50	2,493	13
582		Plx3	1.1285	2	2	7	7,093	0.50	3,514	15
582		Plx4	3.6860	2	1	2	21,621	0.65	14,125	37
583	Radio-Implant For Malignancy		0.5373	70	28	62	3,733	0.19	693	8
583		Plx1	0.5190	68	28	62	3,733	0.19	693	8
583		Plx2								
583		Plx3	0.5190	2						14
583		Plx4								50
584	Vagina, Cervix And Vulva Procedures		0.5259	225	147	287	2,941	0.46	1,360	7
584		Plx1	0.4874	220	144	283	2,922	0.46	1,355	7
584		Plx2	0.7507	4	3	5	4,802	0.34	1,653	18
584		Plx3	1.6708	1		1	9,384			14
584		Plx4								
585	Gynecological Laparoscopy (MNRH)		0.3813	44	18	41	2,177	0.50	1,093	7
585		Plx1	0.3390	43	17	40	2,138	0.50	1,078	7
585		Plx2	0.7951	1	1	1	3,715			5

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
585		Plx3								3
585		Plx4								
586	Tubal Interruption (MNRH)		0.4155	52	10	15	2,139	0.62	1,321	4
586		Plx1	0.3759	52	10	15	2,139	0.62	1,321	4
586		Plx2								
586		Plx3								
586		Plx4								
587	Miscellaneous Gynecological Procedures (MNRH)		0.2438	382	234	468	1,381	0.56	777	4
587		Plx1	0.2231	374	232	465	1,367	0.55	756	4
587		Plx2	0.4804	4	2	3	3,462	0.37	1,274	11
587		Plx3	2.4318	2	1	4	16,562	0.54	9,002	78
587		Plx4	3.8244	2	2	2	21,618	0.08	1,633	36
592	Malignancy Of Female Reproductive Organ		1.1283	158	70	139	6,572	0.81	5,337	36
592		Plx1	0.7527	89	36	70	4,724	0.80	3,791	26
592		Plx2	1.0632	42	23	39	6,575	0.70	4,607	38
592		Plx3	1.4653	15	7	18	9,107	0.85	7,722	45
592		Plx4	2.5709	12	4	11	16,972	0.60	10,118	49
594	Female Reproductive System Infection		0.4085	177	78	157	2,244	0.63	1,409	8
594		Plx1	0.3685	171	75	150	2,186	0.62	1,354	8
594		Plx2	0.9778	5	4	8	6,360	0.69	4,383	24
594		Plx3	0.4450	1	1	2	3,206	0.58	1,845	5
594		Plx4								1
595	Other Female Reproductive System Diagnoses And Injuries		0.2893	25	10	28	1,668	0.62	1,034	7
595		Plx1	0.2258	23	8	21	1,386	0.56	777	5
595		Plx2	0.2852	1	1	3	1,647	0.96	1,585	4
595		Plx3	0.4404	1	1	1	2,761			4
595		Plx4								
596	Miscellaneous Gynecological Diagnoses (MNRH)		0.3040	538	248	510	1,695	0.70	1,188	7
596		Plx1	0.2531	525	228	462	1,525	0.66	1,007	4
596		Plx2	0.4107	10	5	12	2,519	0.45	1,134	10

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
596		Plx3	0.5752	3	2	6	3,287	0.54	1,767	25
596		Plx4	4.1275			3	23,181	1.38	32,058	93
599	Premature Labour		0.4410	587	336	729	2,470	0.62	1,538	10
599		Plx9	0.4138	587	336	729	2,470	0.62	1,538	10
600	Major Procedures In Pregnancy Or Childbirth		1.0880	164	123	251	6,103	0.60	3,685	15
600		Plx9	1.0039	164	123	251	6,103	0.60	3,685	15
601	Repeat Caesarean Delivery With Complicating Diagnosis		0.6234	1,101	754	1,535	3,505	0.33	1,162	6
601		Plx9	0.5766	1,101	754	1,535	3,505	0.33	1,162	6
602	Caesarean Delivery With Complicating Diagnosis		0.7678	2,852	2,006	3,926	4,304	0.44	1,888	9
602		Plx9	0.7109	2,852	2,006	3,926	4,304	0.44	1,888	9
603	Repeat Caesarean Delivery		0.5011	2,402	1,492	2,782	2,768	0.32	883	5
603		Plx9	0.4604	2,402	1,492	2,782	2,768	0.32	883	5
604	Caesarean Delivery		0.6562	3,262	2,217	4,257	3,629	0.30	1,097	6
604		Plx9	0.6034	3,262	2,217	4,257	3,629	0.30	1,097	6
605	Fetal Surgery		1.9510	2	2	3	10,454	0.77	8,034	21
605		Plx9	1.8391	2	2	3	10,454	0.77	8,034	21
606	Vaginal Delivery With Sterilization Procedures		0.5806	111	19	43	3,042	0.37	1,120	5
606		Plx9	0.5287	111	19	43	3,042	0.37	1,120	5
607	Vaginal Delivery With Minor Procedures		0.5150	234	118	251	2,765	0.56	1,540	5
607		Plx9	0.4755	234	118	251	2,765	0.56	1,540	5
608	Vaginal Delivery After Caesarean (VBAC) With Complicating Diagnosis		0.4302	408	267	613	2,412	0.40	971	4
608		Plx9	0.3983	408	267	613	2,412	0.40	971	4
609	Vaginal Delivery With Complicating Diagnosis		0.4401	11,085	7,525	15,289	2,468	0.51	1,266	7
609		Plx9	0.4071	11,085	7,525	15,289	2,468	0.51	1,266	7
610	Vaginal Delivery After Caesarean Delivery (VBAC)		0.3687	747	448	896	2,062	0.43	885	4
610		Plx9	0.3397	747	448	896	2,062	0.43	885	4
611	Vaginal Delivery		0.3437	17,492	10,208	20,055	1,898	0.47	897	4
611		Plx9	0.3160	17,492	10,208	20,055	1,898	0.47	897	4
612	Ectopic Pregnancy With Major Procedures		0.6711	141	87	171	3,728	0.45	1,670	8

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
612		Plx9	0.6205	141	87	171	3,728	0.45	1,670	8
613	Ectopic Pregnancy With Minor Procedures		0.4161	321	258	515	2,347	0.36	836	4
613		Plx9	0.3848	321	258	515	2,347	0.36	836	4
614	Ectopic Pregnancy		0.1282	103	57	110	689	0.67	461	1
614		Plx9	0.1187	103	57	110	689	0.67	461	1
615	Threatened Abortion		0.1926	213	49	131	1,020	0.57	583	4
615		Plx9	0.1779	213	49	131	1,020	0.57	583	4
616	Abortive Outcome With Injection		0.2855	30	22	47	1,506	0.47	711	4
616		Plx9	0.2673	30	22	47	1,506	0.47	711	4
617	Abortive Outcome With D And C		0.1693	1,566	1,064	1,886	943	0.46	438	1
617		Plx9	0.1556	1,566	1,064	1,886	943	0.46	438	1
618	Abortive Outcome		0.2103	535	169	364	1,166	0.74	857	1
618		Plx9	0.1949	535	169	364	1,166	0.74	857	1
619	False Labour LOS < 3 Days (MNRH)		0.1588	1,217	385	835	896	0.59	527	1
619		Plx9	0.1472	1,217	385	835	896	0.59	527	1
620	Post-Partum Diagnosis With Procedures Other Than D And C		0.6401	30	15	28	3,637	0.63	2,278	10
620		Plx9	0.5908	30	15	28	3,637	0.63	2,278	10
621	Post-Partum Diagnosis With D And C		0.2536	184	131	275	1,396	0.74	1,038	4
621		Plx9	0.2329	184	131	275	1,396	0.74	1,038	4
622	Post-Partum Diagnosis		0.3200	831	444	880	1,835	0.83	1,525	7
622		Plx9	0.2974	831	444	880	1,835	0.83	1,525	7
623	Antepartum Diagnosis With Complicating Diagnosis		0.3474	1,442	710	1,363	1,943	0.75	1,464	10
623		Plx9	0.3230	1,442	710	1,363	1,943	0.75	1,464	10
624	Antepartum Diagnosis		0.2496	2,183	852	1,850	1,387	0.61	845	4
624		Plx9	0.2315	2,183	852	1,850	1,387	0.61	845	4
625	PWS - Neonates Weight < 750 Grams		1.4816	173	75	136	9,016	1.49	13,478	19
625		Plx9	1.4078	173	75	136	9,016	1.49	13,478	19
626	PWS - Neonates Weight 750-999 Grams		12.8763	116	108	225	78,530	0.86	67,176	169
626		Plx9	12.2378	116	108	225	78,530	0.86	67,176	169

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
627	PWS - Neonates Weight 1000-1499 gm With Catastrophic Diagnosis		10.3987	4	4	12	59,805	0.47	27,947	119
627		Plx9	9.8588	4	4	12	59,805	0.47	27,947	119
628	PWS - Neonates Weight 1000-1499 gm Without Catastrophic Diagnosis		6.3696	384	356	699	37,305	0.81	30,204	96
628		Plx9	5.9987	384	356	699	37,305	0.81	30,204	96
630	PWS - Neonates Weight 1500-1999 gm With Catastrophic Diagnosis		6.1267	4	4	9	35,133	0.86	30,078	68
630		Plx9	5.7529	4	4	9	35,133	0.86	30,078	68
631	Neonates Weight 1500-1999 gm With Major Problem Diagnosis		4.0370	253	222	408	23,992	0.80	19,152	63
631		Plx9	3.7903	253	222	408	23,992	0.80	19,152	63
632	Neonates Weight 1500-1999 gm With Mod Or Minor Or No Problem Diagnosis		2.3772	653	553	1,035	13,432	0.73	9,820	48
632		Plx9	2.2025	653	553	1,035	13,432	0.73	9,820	48
636	PWS - Neonates Weight 2000-2499 gm With Catastophic Diagnosis		3.1238	3	1	8	19,335	1.44	27,811	45
636		Plx9	2.9528	3	1	8	19,335	1.44	27,811	45
637	Neonates Weight 2000-2499 gm With Major Problem Diagnosis		2.9368	201	165	364	18,130	1.13	20,455	48
637		Plx9	2.7509	201	165	364	18,130	1.13	20,455	48
638	Neonates Weight 2000-2499 gm With Moderate Problem Diagnosis		1.9243	295	233	489	11,378	1.10	12,525	34
638		Plx9	1.7848	295	233	489	11,378	1.10	12,525	34
639	Neonates Weight 2000-2499 gm With Minor Problem Diagnosis		0.8428	1,282	1,007	1,891	4,741	1.01	4,775	20
639		Plx9	0.7792	1,282	1,007	1,891	4,741	1.01	4,775	20
640	Neonates Weight 2000-2499 gm With No Problem Diagnosis		0.1860	323	215	431	1,037	0.53	553	4
640		Plx9	0.1717	323	215	431	1,037	0.53	553	4
643	PWS - Neonates Weight > 2500 gm With Catastrophic Diagnosis		3.5095	27	25	66	21,645	1.29	27,866	27
643		Plx9	3.3093	27	25	66	21,645	1.29	27,866	27
644	Neonates Weight > 2500 gm With Major Problem Diagnosis		1.6392	889	601	1,263	10,195	1.29	13,125	20
644		Plx9	1.5293	889	601	1,263	10,195	1.29	13,125	20
645	Neonates Weight > 2500 gm With Moderate Problem Diagnosis		0.6420	1,959	1,280	2,620	3,834	1.26	4,836	11
645		Plx9	0.5959	1,959	1,280	2,620	3,834	1.26	4,836	11
646	Neonates Weight > 2500 gm With Caesarian Delivery		0.2472	8,013	4,750	9,119	1,357	0.31	426	3
646		Plx9	0.2273	8,013	4,750	9,119	1,357	0.31	426	3
647	Neonates Weight > 2500 gm With Minor Problem Diagnosis		0.3109	3,121	1,909	3,898	1,825	1.00	1,822	7

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
647		Plx9	0.2872	3,121	1,909	3,898	1,825	1.00	1,822	7
648	Neonates Weight > 2500 gm (Normal Newborn)		0.1350	26,509	16,785	33,224	743	0.59	435	4
648		Plx9	0.1240	26,509	16,785	33,224	743	0.59	435	4
650	PWS - Tracheostomy And Gastrostomy Procedures For Trauma		14.0117	124	112	238	87,566	0.58	50,435	130
650		Plx1	3.3717	9	6	9	22,677	0.41	9,357	54
650		Plx2	6.3483	4	4	11	41,313	0.45	18,598	54
650		Plx3	7.9102	2	2	9	54,429	0.64	34,951	110
650		Plx4	14.3680	109	101	209	94,696	0.52	49,582	137
651	PWS - Intracranial Procedures With Spinal Procedures For Trauma		3.6170	2	2	3	22,134	0.23	5,159	15
651		Plx9	3.4396	2	2	3	22,134	0.23	5,159	15
652	PWS - Intracranial Procedures With Femur Procedures For Trauma		12.0266	3	3	10	71,727	0.49	34,996	73
652		Plx9	11.3821	3	3	10	71,727	0.49	34,996	73
653	PWS - Intracranial Or Femur Procedures With Thoraco-Abdominal Procedures For Trauma		6.8540	19	17	33	43,623	0.79	34,361	99
653		Plx9	6.5078	19	17	33	43,623	0.79	34,361	99
654	PWS - Intracranial Procedures W Wound Debridement Or Lower Extremity Proc For Trauma		4.5382	6	6	10	28,130	0.58	16,258	27
654		Plx9	4.2940	6	6	10	28,130	0.58	16,258	27
655	PWS - Spinal Procedures With Femur Procedures For Trauma		5.9201	6	5	11	37,680	0.55	20,803	68
655		Plx9	5.6125	6	5	11	37,680	0.55	20,803	68
656	PWS - Spinal Procedures With Thoraco-Abdominal Procedures For Trauma		9.1186	2	2	3	51,698	0.41	21,304	41
656		Plx9	8.6290	2	2	3	51,698	0.41	21,304	41
657	PWS - Spinal Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.6138	25	25	49	28,333	0.76	21,531	46
657		Plx9	4.3576	25	25	49	28,333	0.76	21,531	46
658	Femur Procedures With Wound Debridement Or Lower Extremity Proc For Trauma		4.5304	78	65	142	28,327	0.80	22,541	52
658		Plx9	4.2759	78	65	142	28,327	0.80	22,541	52
659	Thoraco-Abdominal Proc W Wound Debridement Or Lower Extremity Proc For Trauma		8.1263	15	13	26	52,336	0.67	35,186	97

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
659		Plx9	7.7252	15	13	26	52,336	0.67	35,186	97
660	PWS - Intracranial Procedures For Trauma		2.7561	153	142	285	17,630	0.91	16,036	27
660		Plx1	1.1693	74	65	137	7,889	0.56	4,449	12
660		Plx2	2.1546	22	21	45	15,280	0.64	9,728	24
660		Plx3	2.5299	10	8	13	17,931	0.49	8,821	31
660		Plx4	5.7091	47	45	81	37,875	0.53	20,030	57
661	PWS - Spinal Procedures For Trauma		3.0955	122	111	238	19,966	0.85	16,961	36
661		Plx1	1.7570	69	60	126	12,039	0.54	6,544	20
661		Plx2	3.0379	23	20	56	19,966	0.61	12,246	32
661		Plx3	3.9067	11	9	21	27,353	0.52	14,131	54
661		Plx4	7.5364	19	18	36	51,194	0.57	29,276	65
662	Femur Or Pelvic Procedures For Trauma		1.7028	1,740	1,247	2,334	10,189	0.58	5,954	33
662		Plx1	1.2767	1,181	856	1,601	8,257	0.44	3,623	23
662		Plx2	2.0576	305	214	410	13,134	0.53	6,921	46
662		Plx3	2.6704	137	97	184	16,854	0.58	9,713	64
662		Plx4	3.7233	117	97	171	23,938	0.65	15,562	85
663	Thoraco-Abdominal Procedures For Trauma		1.7741	253	186	329	11,308	0.73	8,278	20
663		Plx1	1.2250	142	110	186	8,125	0.48	3,878	14
663		Plx2	1.7905	36	32	62	12,011	0.52	6,270	26
663		Plx3	2.4097	28	21	39	15,931	0.68	10,893	31
663		Plx4	5.2975	47	36	61	36,671	0.86	31,621	58
664	Wound Debridement And Skin Graft For Trauma		2.1095	310	226	485	12,995	0.91	11,807	33
664		Plx1	1.4467	248	178	379	9,426	0.69	6,473	26
664		Plx2	3.1594	24	19	47	20,512	0.62	12,639	49
664		Plx3	4.2734	18	16	36	27,767	0.62	17,277	67
664		Plx4	6.2958	20	17	42	42,242	0.58	24,489	68
665	PWS - Elevated Skull Fractures		1.3450	18	14	32	8,596	0.63	5,392	14
665		Plx1	1.2531	13	11	26	8,572	0.65	5,571	14
665		Plx2	1.1086	3	2	5	7,010	0.45	3,158	12
665		Plx3	2.5510	1	1	1	17,138			10

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
665		Plx4	5.8399	1	1	1	39,234			18
666	Major Lower Extremity Procedures For Trauma		0.7213	3,614	2,083	4,077	4,349	0.54	2,336	8
666		Plx1	0.6548	3,388	2,015	3,933	4,232	0.52	2,187	8
666		Plx2	1.8758	148	113	209	12,395	0.65	8,041	29
666		Plx3	2.3326	54	39	79	15,334	0.63	9,686	36
666		Plx4	4.7893	24	18	55	31,263	0.73	22,823	72
667	Minor Lower Extremity Procedures For Trauma		0.7110	66	46	117	4,283	0.72	3,102	10
667		Plx1	0.6089	62	46	114	3,943	0.55	2,170	10
667		Plx2	2.6918	3	1	4	17,814	0.28	4,959	20
667		Plx3								
667		Plx4	3.7909	1	1	2	27,259	0.25	6,891	16
668	Miscellaneous Musculoskeletal Procedures For Trauma		0.8155	514	427	829	4,943	0.55	2,707	8
668		Plx1	0.7449	478	405	776	4,798	0.53	2,539	8
668		Plx2	1.3607	29	25	58	8,909	0.75	6,646	18
668		Plx3	2.7840	5	4	8	19,480	0.42	8,263	48
668		Plx4	4.8466	2	2	8	35,428	0.41	14,567	50
669	Vascular Repair For Trauma		0.9001	125	98	159	5,504	0.68	3,743	10
669		Plx1	0.7427	113	89	141	4,821	0.61	2,945	7
669		Plx2	1.8203	3	1	6	12,352	0.35	4,295	20
669		Plx3	2.1974	6	6	9	14,910	0.57	8,445	43
669		Plx4	1.3901	3	2	3	9,064	0.29	2,640	10
670	Upper Extremity Procedures For Trauma		0.4849	2,518	1,680	3,285	2,933	0.52	1,530	4
670		Plx1	0.4439	2,431	1,661	3,248	2,905	0.51	1,491	4
670		Plx2	1.3531	61	47	97	8,918	0.56	4,984	22
670		Plx3	2.3064	14	11	20	15,768	0.58	9,215	28
670		Plx4	4.9183	12	12	18	32,995	0.86	28,296	75
674	PWS - Intracranial Injuries With Spinal Injuries		2.1950	32	24	55	14,376	0.80	11,546	36
674		Plx9	2.0700	32	24	55	14,376	0.80	11,546	36
675	PWS - Intracranial Injuries With Fractures Of Femur Or Pelvis		1.8100	7	6	17	12,403	0.81	10,062	34

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
675		Plx9	1.7072	7	6	17	12,403	0.81	10,062	34
676	PWS - Intracranial Injuries With Thoraco-Abdominal Injuries		2.6462	42	35	65	17,345	0.88	15,335	39
676		Plx9	2.4933	42	35	65	17,345	0.88	15,335	39
677	Spinal Injuries With Fractures Of Femur		1.2735	79	58	115	7,949	0.83	6,629	34
677		Plx9	1.2050	79	58	115	7,949	0.83	6,629	34
678	Spinal Injuries With Thoraco-Abdominal Injuries		1.4035	98	81	149	8,852	0.89	7,846	24
678		Plx9	1.3278	98	81	149	8,852	0.89	7,846	24
679	Fractures Of Femur With Thoraco-Abdominal Injuries		1.4430	42	27	57	8,916	0.62	5,562	32
679		Plx9	1.3645	42	27	57	8,916	0.62	5,562	32
680	Femur Or Pelvic Fractures And Dislocations		1.1305	850	341	696	6,512	0.93	6,049	41
680		Plx1	0.8650	664	246	515	5,376	0.93	5,023	37
680		Plx2	1.6642	108	53	106	10,384	0.85	8,815	68
680		Plx3	1.5522	54	28	47	9,603	0.71	6,808	49
680		Plx4	2.4420	24	15	31	16,234	1.31	21,261	112
681	Frostbite		1.4788	42	15	34	9,565	0.87	8,324	48
681		Plx1	1.2987	37	13	31	8,847	0.75	6,674	47
681		Plx2	3.1078	2	1	2	21,846	1.15	25,043	56
681		Plx3	1.0049	3	1	1	7,255			103
681		Plx4								
682	Spinal Injuries		0.7626	640	338	698	4,727	0.99	4,694	26
682		Plx1	0.5988	513	275	550	3,933	0.79	3,121	20
682		Plx2	0.8915	84	38	105	5,711	0.94	5,384	36
682		Plx3	2.1778	24	13	28	14,373	0.78	11,275	68
682		Plx4	4.0195	19	18	31	25,925	0.73	18,978	111
683	Intracranial Injuries		0.8459	383	297	585	5,463	1.18	6,466	17
683		Plx1	0.6013	286	230	430	4,109	1.05	4,311	13
683		Plx2	1.0795	21	15	35	7,168	1.19	8,522	29
683		Plx3	1.1914	46	38	82	8,219	0.88	7,256	27
683		Plx4	3.0443	30	27	57	20,407	0.79	16,054	60

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
684	Fracture Of Humerus		0.8920	243	96	188	4,975	1.10	5,450	43
684		Ptx1	0.5808	203	79	151	3,380	1.00	3,370	28
684		Ptx2	2.2068	25	9	22	13,017	0.80	10,477	107
684		Ptx3	1.7110	8	3	10	11,108	0.76	8,498	73
684		Ptx4	3.2511	7	4	5	20,554	0.47	9,654	115
685	Hip And Thigh Injuries		0.7511	153	29	66	4,321	0.82	3,564	23
685		Ptx1	0.6056	136	26	57	3,685	0.68	2,517	20
685		Ptx2	1.1616	9	4	7	7,569	0.84	6,339	44
685		Ptx3	3.1543	5	2	5	20,441	0.48	9,771	72
685		Ptx4	2.1508	3		2	14,669	0.38	5,548	66
686	Major Nerve Injuries		1.4109	10	9	12	8,901	0.74	6,548	14
686		Ptx1	1.4405	9	8	10	9,766	0.70	6,834	15
686		Ptx2	1.0200			1	6,357			7
686		Ptx3	1.3502	1	1	2	9,692	1.01	9,758	25
686		Ptx4								
687	Thoraco-Abdominal Injuries		0.8061	968	527	1,042	5,054	0.84	4,269	17
687		Ptx1	0.6313	812	436	861	4,253	0.71	3,020	14
687		Ptx2	1.0467	73	44	93	6,776	0.76	5,179	25
687		Ptx3	1.5625	46	29	52	10,317	0.78	8,039	38
687		Ptx4	2.8324	37	26	52	18,692	0.62	11,647	40
688	Weight Bearing Injuries		0.4637	653	267	585	2,755	0.95	2,630	16
688		Ptx1	0.3381	587	229	513	2,200	0.86	1,903	10
688		Ptx2	1.3243	33	19	42	8,015	0.73	5,841	61
688		Ptx3	3.0808	19	9	21	18,962	0.76	14,503	108
688		Ptx4	3.5255	14	8	11	21,787	0.73	15,944	123
689	Genito-Urinary Injuries		0.5242	93	50	109	3,255	0.96	3,111	13
689		Ptx1	0.4295	79	46	93	2,803	0.78	2,195	10
689		Ptx2	0.8136	6	4	12	5,515	0.98	5,388	18
689		Ptx3	0.4798	4	1	3	3,639	0.71	2,570	13
689		Ptx4	3.6123	4	3	5	24,360	0.68	16,519	33

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
690	Crushing Injuries And Contusions		0.4301	385	84	184	2,662	0.90	2,397	13
690		Plx1	0.3655	356	77	167	2,418	0.91	2,211	10
690		Plx2	1.0099	16	1	10	6,266	0.58	3,615	34
690		Plx3	1.1189	11	5	9	6,987	0.76	5,329	45
690		Plx4	2.1135	2	1	1	14,199			32
691	Minor Lower Extremity Fractures		0.3753	40	19	47	2,235	0.64	1,433	10
691		Plx1	0.3322	37	17	44	2,108	0.65	1,371	7
691		Plx2	0.5257	2	2	2	3,465	0.00	8	9
691		Plx3	0.5049	1		1	5,395			5
691		Plx4								
692	Wounds		0.4292	967	539	1,050	2,555	0.69	1,752	7
692		Plx1	0.3549	920	493	949	2,273	0.59	1,344	4
692		Plx2	0.9357	23	13	27	6,268	0.84	5,289	29
692		Plx3	0.7298	14	8	16	4,526	0.60	2,718	13
692		Plx4	1.6228	10	7	9	10,263	0.56	5,791	39
693	Amputations Or Vascular And Other Nerve Injuries		0.4559	149	96	162	2,709	0.72	2,001	4
693		Plx1	0.4235	142	94	158	2,746	0.73	2,002	4
693		Plx2	0.8476	2	1	4	5,917	0.68	4,034	10
693		Plx3	1.1372	4	3	3	7,180	0.59	4,203	12
693		Plx4	4.3568	1	1	2	31,139	1.09	33,974	28
694	Facial Injuries		0.4480	286	193	370	2,730	0.70	1,914	7
694		Plx1	0.4109	277	188	359	2,678	0.68	1,828	7
694		Plx2	0.9682	7	5	12	6,496	0.59	3,859	19
694		Plx3	0.3596	2	1	3	2,781	0.38	1,036	7
694		Plx4	2.0044			1	11,257			9
695	Other Cranial Injuries		0.4408	1,029	318	621	2,906	1.27	3,699	7
695		Plx1	0.2819	925	229	463	1,982	0.75	1,483	4
695		Plx2	0.9562	36	21	44	6,810	0.92	6,995	18
695		Plx3	0.7484	42	35	65	5,248	0.92	4,840	14
695		Plx4	2.5637	26	24	46	17,812	0.85	15,174	37

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
696	Upper Extremity Fractures		0.3129	826	254	527	1,892	0.66	1,256	4
696		Plx1	0.2849	776	249	513	1,870	0.67	1,250	4
696		Plx2	1.1345	27	14	34	7,257	0.72	5,237	49
696		Plx3	1.4220	16	10	16	9,111	0.71	6,468	37
696		Plx4	3.2070	7	4	10	20,012	0.51	10,138	90
700	PWS - Bone Marrow Transplant		7.3675	215	153	306	52,372	0.52	27,001	65
700		Plx1	4.3450	28	17	30	31,715	0.60	18,990	54
700		Plx2	5.2652	21	11	23	38,317	0.42	16,225	46
700		Plx3	6.4793	27	12	37	47,629	0.36	16,937	59
700		Plx4	7.7170	139	114	217	58,001	0.50	28,853	75
701	Splenectomy		1.3282	86	76	140	8,184	0.53	4,363	20
701		Plx1	1.1042	78	71	115	7,363	0.44	3,272	17
701		Plx2	1.2360	5	3	12	8,436	0.24	1,997	27
701		Plx3	1.4611	1	1	7	10,402	0.52	5,435	13
701		Plx4	6.7138	2	1	8	43,879	0.75	33,113	112
703	Other O.R. Procedures Of Blood And Blood-Forming Organs		1.0403	127	85	181	6,968	0.97	6,756	19
703		Plx1	0.7570	100	70	150	5,466	0.75	4,103	16
703		Plx2	1.4058	10	9	20	9,448	0.60	5,672	20
703		Plx3	2.5865	7	5	7	18,482	0.46	8,574	38
703		Plx4	7.3463	10	7	13	53,012	0.54	28,560	103
704	Red Blood Cell Disorders		0.8134	1,280	469	933	4,874	0.99	4,812	20
704		Plx1	0.6127	1,013	367	709	3,954	0.85	3,356	16
704		Plx2	1.0930	151	58	127	6,866	0.93	6,374	27
704		Plx3	1.4100	75	30	70	9,235	0.79	7,331	31
704		Plx4	2.5996	41	21	49	17,366	0.91	15,760	58
709	Coagulation Disorders		0.5874	360	185	390	3,728	1.11	4,122	16
709		Plx1	0.4147	306	159	322	2,847	0.77	2,196	13
709		Plx2	0.9319	22	11	30	6,466	0.70	4,500	26
709		Plx3	1.2216	20	13	28	8,566	1.00	8,532	41
709		Plx4	3.0149	12	8	21	19,733	0.73	14,388	68

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
710	Reticuloendothelial And Immunity Disorders		0.8381	787	403	780	5,663	0.90	5,124	17
710		Plx1	0.6532	623	334	610	4,789	0.82	3,945	14
710		Plx2	1.0504	84	40	97	7,920	0.91	7,203	18
710		Plx3	1.1823	49	20	52	8,667	0.75	6,497	22
710		Plx4	3.0522	31	9	26	22,584	0.88	19,967	63
725	Major Leukemia And Lymphoma Procedures		1.4029	187	123	264	8,795	0.80	7,062	29
725		Plx1	0.9743	133	92	200	6,475	0.50	3,259	16
725		Plx2	1.7684	18	13	22	11,532	0.76	8,746	30
725		Plx3	2.3259	8	8	23	15,382	0.63	9,721	43
725		Plx4	7.4318	28	20	41	50,323	0.79	39,596	113
726	Acute Leukemia Without Major Procedures		3.5184	287	230	438	22,880	0.94	21,406	71
726		Plx1	1.5058	116	87	165	10,714	0.91	9,792	29
726		Plx2	2.7883	17	14	39	18,559	0.89	16,564	53
726		Plx3	3.3697	44	38	61	22,604	0.90	20,274	70
726		Plx4	5.1446	110	89	172	36,532	0.68	24,903	81
728	Lymphoma And Chronic Leukemia With Other Procedures		2.0682	275	181	386	12,982	1.21	15,682	47
728		Plx1	1.0894	182	107	246	7,287	0.86	6,245	28
728		Plx2	2.3297	22	15	38	15,642	0.72	11,340	70
728		Plx3	1.7494	23	18	31	11,588	0.58	6,711	33
728		Plx4	5.8699	48	41	72	40,311	0.89	35,760	103
730	Lymphoma And Chronic Leukemia		1.7130	906	408	807	10,611	1.01	10,729	42
730		Plx1	0.9380	541	204	377	6,120	0.84	5,145	29
730		Plx2	1.6035	171	90	174	10,271	0.79	8,107	43
730		Plx3	1.7474	96	48	96	11,621	0.92	10,744	50
730		Plx4	3.4213	98	66	163	23,390	0.76	17,874	68
733	Major Ill-Defined Neoplasm Procedures		2.0542	63	51	118	13,515	0.69	9,373	41
733		Plx1	1.3956	29	24	64	9,681	0.52	5,002	22
733		Plx2	1.9451	17	14	26	12,761	0.48	6,178	40
733		Plx3	3.1228	8	8	12	23,227	0.50	11,561	45
733		Plx4	4.8515	9	8	22	32,731	0.52	17,169	112

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
734	Ill-Defined Neoplasm With Other Procedures		1.1369	72	49	118	7,451	0.89	6,604	25
734		Plx1	0.8137	55	36	92	5,704	0.68	3,904	14
734		Plx2	1.6293	7	5	9	11,122	0.71	7,937	45
734		Plx3	2.5803	7	6	13	17,984	0.68	12,177	83
734		Plx4	5.5662	3	3	9	37,119	1.27	46,988	100
735	PWS - Radiation Therapy		0.6782	217	169	336	4,708	0.86	4,058	25
735		Plx1	0.5430	180	155	297	3,905	0.73	2,854	19
735		Plx2	1.1862	20	7	21	8,526	0.59	4,991	25
735		Plx3	3.0221	12	8	13	21,779	0.64	13,893	70
735		Plx4	3.1138	5	5	15	22,382	0.56	12,580	38
736	Chemotherapy		0.6868	1,028	732	1,446	4,806	0.60	2,905	11
736		Plx1	0.6141	896	696	1,369	4,645	0.60	2,776	11
736		Plx2	0.9499	40	13	25	7,364	0.55	4,062	18
736		Plx3	1.4998	38	18	47	11,088	0.61	6,769	33
736		Plx4	2.8663	54	45	72	20,666	0.53	10,935	68
737	Other Poorly Differentiated Neoplastic Diagnoses		1.4556	215	99	181	8,801	0.75	6,596	37
737		Plx1	0.9052	114	44	77	5,847	0.68	4,002	27
737		Plx2	1.5626	56	27	53	10,202	0.74	7,552	38
737		Plx3	1.8940	20	15	29	12,145	0.70	8,513	51
737		Plx4	2.3828	25	16	26	15,756	0.67	10,518	66
750	Multisystemic Or Unspecified Site Infections With Surgery		3.6672	553	354	697	22,481	1.20	26,997	62
750		Plx1	1.2682	275	165	320	8,224	0.71	5,827	28
750		Plx2	2.5421	48	36	79	16,656	0.78	13,009	55
750		Plx3	2.7550	47	30	66	17,567	0.71	12,456	64
750		Plx4	9.3574	183	141	264	60,779	0.93	56,784	121
751	Septicemia		1.6228	951	524	967	9,574	1.20	11,524	29
751		Plx1	0.8019	464	211	396	5,007	0.83	4,175	20
751		Plx2	1.1437	134	72	132	7,497	0.89	6,669	29
751		Plx3	1.5861	122	74	152	10,160	0.96	9,743	33
751		Plx4	3.0496	231	174	307	19,451	1.07	20,866	51

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
756	Post-Operative And Post-Traumatic Infections		0.6288	694	325	645	3,678	0.75	2,772	15
756		Plx1	0.5682	593	292	568	3,597	0.77	2,755	17
756		Plx2	0.7505	48	19	47	4,573	0.69	3,134	23
756		Plx3	0.8827	37	16	32	5,617	0.83	4,656	29
756		Plx4	2.9849	16	12	24	19,248	0.76	14,712	63
757	Viral Illness		0.4689	757	215	414	3,018	0.96	2,899	10
757		Plx1	0.3539	698	175	334	2,487	0.79	1,973	7
757		Plx2	0.5847	34	21	39	4,132	0.70	2,899	16
757		Plx3	0.6631	9	6	17	4,533	0.72	3,278	18
757		Plx4	2.9175	16	13	19	20,259	0.84	16,981	54
761	Fever Of Unknown Origin		0.4395	551	199	419	2,723	0.73	1,990	8
761		Plx1	0.4062	464	184	365	2,685	0.78	2,103	10
761		Plx2	0.6982	59	26	64	4,839	0.68	3,301	15
761		Plx3	0.9744	21	11	24	6,314	0.60	3,783	23
761		Plx4	2.9296	7	2	8	21,525	0.71	15,385	55
763	Other Infectious Diagnoses		0.9768	204	116	205	6,327	0.99	6,270	21
763		Plx1	0.6960	142	75	141	4,789	0.73	3,483	17
763		Plx2	1.1221	22	15	20	8,107	0.86	6,953	35
763		Plx3	1.0743	22	14	29	7,395	0.86	6,371	32
763		Plx4	3.5367	18	15	21	25,224	0.91	23,059	99
764	Depressive Mood Disorders With ECT		3.3423	373	273	615	18,567	0.60	11,137	102
764		Plx9	3.0732	373	273	615	18,567	0.60	11,137	102
765	Depressive Mood Disorders Without ECT With Axis III Diagnosis		2.3921	611	286	589	14,157	0.72	10,198	82
765		Plx9	2.2158	611	286	589	14,157	0.72	10,198	82
766	Depressive Mood Disorders Without ECT Without Axis III Diagnosis		1.6511	2,541	975	1,868	9,553	0.75	7,174	68
766		Plx9	1.5223	2,541	975	1,868	9,553	0.75	7,174	68
767	Depressive Mood Disorders LOS < 6 Days		0.3635	1,269	305	585	2,140	0.65	1,388	8
767		Plx9	0.3317	1,269	305	585	2,140	0.65	1,388	8
768	Bipolar Mood Disorders, Manic With ECT		3.4135	25	20	55	18,939	0.54	10,151	85

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
768		Plx9	3.1496	25	20	55	18,939	0.54	10,151	85
769	Bipolar Mood Disorders, Manic Without ECT With Axis III Diagnosis		2.7454	129	80	175	15,721	0.76	12,020	77
769		Plx9	2.5441	129	80	175	15,721	0.76	12,020	77
770	Bipolar Mood Disorders, Manic Without ECT Without Axis III Diagnosis		1.9566	1,097	531	1,046	11,098	0.76	8,447	79
770		Plx9	1.8073	1,097	531	1,046	11,098	0.76	8,447	79
771	Bipolar Mood Disorders LOS < 6 Days		0.3951	215	78	183	2,266	0.62	1,414	8
771		Plx9	0.3641	215	78	183	2,266	0.62	1,414	8
772	Dementia With Or Without Delirium With Axis III Diagnosis		4.3168	727	341	695	24,117	0.72	17,437	137
772		Plx9	3.9751	727	341	695	24,117	0.72	17,437	137
773	Dementia With Or Without Delirium Without Axis III Diagnosis		3.3740	917	243	496	18,674	0.83	15,509	176
773		Plx9	3.0714	917	243	496	18,674	0.83	15,509	176
774	Organic Mental Disorders Induced By Drugs		1.0056	644	317	570	5,819	1.03	5,982	41
774		Plx9	0.9367	644	317	570	5,819	1.03	5,982	41
775	Schizophrenia And Other Psychotic Disorders With ECT		4.4939	67	42	87	25,533	0.74	19,016	144
775		Plx9	4.1602	67	42	87	25,533	0.74	19,016	144
776	Schizophrenia And Other Psychotic Disorders W/O ECT With Axis III Diagnosis		2.9247	361	196	425	17,231	0.79	13,622	103
776		Plx9	2.7297	361	196	425	17,231	0.79	13,622	103
777	Schizophrenia And Other Psychotic Disorders W/O ECT Or Axis III Diagnosis		2.2308	2,569	1,259	2,422	13,080	0.84	11,025	104
777		Plx9	2.0701	2,569	1,259	2,422	13,080	0.84	11,025	104
778	Schizophrenia And Other Psychotic Disorders LOS < 6 Days		0.3796	596	248	489	2,193	0.65	1,424	8
778		Plx9	0.3519	596	248	489	2,193	0.65	1,424	8
779	Dissociative Disorders		0.8208	126	52	118	5,062	0.90	4,534	26
779		Plx9	0.7607	126	52	118	5,062	0.90	4,534	26
780	Alcohol Induced Organic Mental Disorders With Axis III Diagnosis		1.0947	284	140	279	6,280	1.08	6,792	30
780		Plx9	1.0182	284	140	279	6,280	1.08	6,792	30
781	Alcohol Induced Organic Mental Disorders Without Axis III Diagnosis		0.5634	431	166	302	3,226	0.83	2,665	20
781		Plx9	0.5188	431	166	302	3,226	0.83	2,665	20
783	Psychoactive Substance Dependence		0.9946	1,018	398	687	5,776	1.13	6,521	35
783		Plx9	0.9120	1,018	398	687	5,776	1.13	6,521	35

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CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
784	Psychoactive Substance Abuse		0.5307	1,046	330	586	2,975	0.81	2,420	16
784		Plx9	0.4844	1,046	330	586	2,975	0.81	2,420	16
785	Developmental Delay		2.5543	94	54	96	15,703	0.83	13,028	103
785		Plx9	2.3452	94	54	96	15,703	0.83	13,028	103
786	Disruptive Behaviour Disorders		2.0350	344	195	443	13,074	1.02	13,316	74
786		Plx9	1.8583	344	195	443	13,074	1.02	13,316	74
787	Eating Disorders		2.4972	151	107	217	16,097	0.82	13,183	90
787		Plx9	2.3262	151	107	217	16,097	0.82	13,183	90
788	Organic Mental Disorders Associated W Physical Disorders W Axis III Diagnosis		2.1985	307	167	325	12,629	0.97	12,231	102
788		Plx9	2.0453	307	167	325	12,629	0.97	12,231	102
789	Organic Mental Disorders Associated W Physical Disorders W/O Axis III Diagnosis		1.6995	276	115	227	9,839	0.96	9,462	86
789		Plx9	1.5700	276	115	227	9,839	0.96	9,462	86
790	Somatoform Disorders		0.6692	86	26	49	4,089	0.77	3,155	22
790		Plx9	0.6228	86	26	49	4,089	0.77	3,155	22
791	Anxiety Disorders (MNRH)		1.1262	682	164	332	6,653	0.89	5,918	35
791		Plx9	1.0377	682	164	332	6,653	0.89	5,918	35
792	Adjustment Disorders (MNRH)		0.4799	2,223	1,382	2,638	2,765	0.70	1,944	17
792		Plx9	0.4404	2,223	1,382	2,638	2,765	0.70	1,944	17
793	Personality Disorders With Axis III Diagnosis (MNRH)		1.1066	74	46	72	6,311	0.95	6,003	35
793		Plx9	1.0334	74	46	72	6,311	0.95	6,003	35
794	Personality Disorders Without Axis III Diagnosis (MNRH)		0.4987	574	340	540	2,803	0.80	2,240	17
794		Plx9	0.4583	574	340	540	2,803	0.80	2,240	17
795	Sexual Dysfunction And Sexual Disorders (MNRH)		1.9947	58	15	33	11,284	0.88	9,971	835
795		Plx9	1.8360	58	15	33	11,284	0.88	9,971	835
796	Specific Developmental Disorders (MNRH)		1.8191	12	11	16	11,409	0.64	7,273	60
796		Plx9	1.6820	12	11	16	11,409	0.64	7,273	60
797	Miscellaneous Psychiatric Diagnoses (MNRH)		1.4464	124	41	108	8,524	0.89	7,583	77

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CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
797		Plx9	1.3209	124	41	108	8,524	0.89	7,583	77
803	Extensive Procedures For Injury Or Complication Of Treatment		2.8775	426	310	607	17,218	0.97	16,645	53
803		Plx1	1.5865	235	181	342	10,192	0.69	7,026	27
803		Plx2	2.0339	41	30	72	13,230	0.78	10,371	33
803		Plx3	3.3629	46	31	61	21,368	0.56	11,910	52
803		Plx4	8.8025	104	82	143	57,744	0.99	57,284	147
804	Non-Extensive Procedures For Injury Or Complication Of Treatment		0.9372	933	638	1,249	5,734	1.07	6,124	19
804		Plx1	0.6587	752	530	1,026	4,266	0.88	3,771	13
804		Plx2	1.6952	78	60	106	11,185	0.85	9,527	40
804		Plx3	1.9505	47	30	70	12,952	0.69	8,877	36
804		Plx4	6.3081	56	45	99	41,603	0.93	38,645	94
805	MNRH Procedures For Injury Or Complication Of Treatment		0.6771	242	137	284	4,029	0.76	3,064	13
805		Plx1	0.5562	220	124	248	3,545	0.75	2,647	10
805		Plx2	0.9374	11	4	14	5,920	0.49	2,923	18
805		Plx3	1.4980	5	3	10	9,651	0.75	7,282	45
805		Plx4	4.2763	6	4	11	29,746	0.79	23,423	85
811	Allergic Reaction		0.3335	169	49	90	2,006	1.10	2,207	4
811		Plx1	0.2649	162	45	83	1,728	0.92	1,590	4
811		Plx2	0.2053	2	1	1	1,189			6
811		Plx3	1.0208	3	3	5	6,687	0.78	5,243	8
811		Plx4	1.1687	2	1	6	7,915	0.50	3,923	20
813	Drug Reactions		0.4625	1,968	661	1,359	2,662	1.01	2,677	7
813		Plx1	0.3550	1,707	528	1,125	2,188	0.90	1,979	7
813		Plx2	0.8072	90	45	90	5,075	0.77	3,918	20
813		Plx3	0.8844	101	72	142	5,622	0.78	4,390	17
813		Plx4	2.1547	70	62	114	13,997	0.79	11,053	31
818	Complications Of Treatment		0.5789	1,723	1,084	2,016	3,516	1.06	3,730	16
818		Plx1	0.4374	1,450	909	1,668	2,827	0.95	2,697	13
818		Plx2	0.9762	135	95	178	6,582	0.92	6,064	24
818		Plx3	1.3729	90	60	120	9,237	0.96	8,904	35

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
818		Plx4	2.2783	48	41	81	15,386	1.05	16,169	56
823	Minor Injuries And Trauma Diagnosis		0.5254	415	113	254	3,456	1.50	5,167	10
823		Plx1	0.3177	362	93	211	2,202	0.92	2,029	7
823		Plx2	0.9872	25	8	14	6,452	0.62	3,972	29
823		Plx3	0.7283	15	8	16	4,778	0.86	4,104	22
823		Plx4	3.2694	13	8	20	24,320	0.59	14,432	34
830	PWS - Extensive Burns With Skin Graft Wound Debridement Or Other Burn Procedures		13.5487	23	21	43	89,596	1.02	91,811	171
830		Plx1	5.2359	13	13	20	35,332	0.36	12,701	51
830		Plx2	5.6545	1		3	37,505	0.23	8,554	26
830		Plx3								43
830		Plx4	33.1917	9	8	19	227,947	0.99	225,772	292
831	Extensive Burns Without Burn Procedures		1.9395	14	6	13	13,399	0.74	9,964	27
831		Plx1	1.4692	13	5	11	10,710	0.75	8,051	25
831		Plx2								
831		Plx3	3.4477			1	31,802			18
831		Plx4	3.6586	1	1	1	24,579			4
832	PWS - Non-Extensive Burns With Skin Graft		2.6321	129	114	229	16,812	0.89	14,963	37
832		Plx1	1.9696	114	102	195	13,356	0.70	9,396	34
832		Plx2	3.7018	7	6	13	24,831	0.36	8,879	44
832		Plx3	5.2160	5	5	14	36,198	0.50	18,146	61
832		Plx4	12.3566	3	3	12	83,423	0.72	60,454	120
833	Non-Extensive Burns With Wound Debridement Or Other Burn Procedures		0.7503	4	2	3	5,023	0.86	4,297	19
833		Plx1	0.7168	4	2	3	5,023	0.86	4,297	19
833		Plx2								
833		Plx3								
833		Plx4								
834	Non-Extensive Burns Without Burn Procedures		0.8091	219	93	181	5,277	1.07	5,637	19
834		Plx1	0.6669	207	89	167	4,652	0.89	4,117	16
834		Plx2	1.9414	2	1	5	12,706	0.85	10,817	29

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
834		Plx3	1.6827	7	4	6	12,799	0.75	9,566	47
834		Plx4	3.0690	3	1	4	19,358	1.06	20,577	69
840	Other Admissions With Surgery		5.0959	585	382	714	32,985	1.24	40,739	185
840		Plx1	1.3307	334	220	391	8,580	1.16	9,990	64
840		Plx2	5.3603	94	49	86	36,354	0.74	26,932	154
840		Plx3	6.9263	53	31	61	47,959	0.64	30,538	209
840		Plx4	13.1332	104	70	159	92,166	0.67	61,343	247
841	Rehabilitation		3.6808	5,431	1,738	3,504	23,302	0.64	14,936	108
841		Plx1	2.8297	3,900	1,033	2,026	19,739	0.62	12,153	89
841		Plx2	3.9155	732	359	730	27,131	0.64	17,359	130
841		Plx3	4.1928	509	205	424	29,057	0.64	18,535	144
841		Plx4	5.4272	290	163	357	37,652	0.71	26,652	175
842	Signs And Symptoms		1.0312	1,066	317	589	5,866	0.86	5,061	35
842		Plx1	0.7163	809	225	408	4,408	0.86	3,778	26
842		Plx2	1.3965	162	51	99	8,601	0.75	6,480	52
842		Plx3	1.7513	61	31	62	10,906	0.83	9,021	77
842		Plx4	3.3497	34	14	30	21,339	0.68	14,499	112
846	Aftercare Following Surgery Or Treatment		0.2596	2,361	1,829	3,355	1,506	1.14	1,716	7
846		Plx1	0.2195	2,290	1,755	3,206	1,387	1.13	1,569	4
846		Plx2	0.6904	42	25	54	5,134	1.42	7,297	156
846		Plx3	0.7879	22	9	14	5,454	1.16	6,329	150
846		Plx4	1.6829	7	2	3	11,137	0.82	9,178	213
847	Other Specified Aftercare		2.3128	2,289	516	1,066	11,681	1.05	12,300	70
847		Plx1	2.0517	1,871	449	920	11,087	1.08	11,966	66
847		Plx2	1.9434	228	29	70	12,270	0.95	11,704	71
847		Plx3	2.8856	118	18	34	16,787	1.01	16,902	94
847		Plx4	3.2053	72	19	40	19,998	0.75	14,929	128
849	Multiple Or Unspecified Congenital Anomalies		2.1370	11	7	17	14,647	1.22	17,807	44
849		Plx1	0.4780	7	3	9	3,583	0.71	2,550	16
849		Plx2	2.6479	3	2	2	24,392	0.75	18,408	71

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
849		Plx3	1.0304	1	1	2	6,412	1.16	7,410	15
849		Plx4	2.2826			1	21,054			18
850	Perinatal Conditions Age > 28 Days		3.6505	106	67	165	20,532	0.84	17,237	64
850		Plx1	2.5493	53	29	89	15,357	0.83	12,731	60
850		Plx2	4.5276	14	9	15	28,526	0.58	16,654	84
850		Plx3	3.3199	31	21	45	20,596	0.74	15,208	59
850		Plx4	7.6073	8	8	16	45,316	0.73	33,308	75
851	Other Factors Causing Hospitalization		0.5944	4,780	251	765	3,117	1.40	4,379	41
851		Plx1	0.4975	3,944	232	710	2,908	1.42	4,133	32
851		Plx2	0.9587	454	13	38	5,515	1.23	6,771	69
851		Plx3	0.8742	260	4	12	4,632	0.83	3,846	85
851		Plx4	2.1217	122	1	4	10,061	0.47	4,777	115
852	Procedures Cancelled (MNRH)		0.0737	1,102	511	995	448	1.23	551	1
852		Plx1	0.0675	1,084	499	965	438	1.23	538	1
852		Plx2	0.0950	14	9	21	626	0.81	504	1
852		Plx3	0.1548	4	3	9	1,123	1.11	1,251	1
852		Plx4								
860	Respiratory Tract Disorders With HIV		1.4813	50	41	88	8,496	1.36	11,534	33
860		Plx9	1.3761	50	41	88	8,496	1.36	11,534	33
861	CNS Infection With HIV		1.1892	2	2	4	7,295	0.47	3,438	16
861		Plx9	1.1134	2	2	4	7,295	0.47	3,438	16
862	GI And Hepatobiliary Disorders With HIV		0.5702	15	9	19	3,397	0.54	1,844	14
862		Plx9	0.5317	15	9	19	3,397	0.54	1,844	14
863	Ophthalmic Disorders With HIV		1.9661	8	6	8	11,854	1.23	14,614	69
863		Plx9	1.8291	8	6	8	11,854	1.23	14,614	69
864	Blood Infections With HIV		1.9239	5	5	9	10,403	0.87	9,053	58
864		Plx9	1.7947	5	5	9	10,403	0.87	9,053	58
865	Lymphoma With HIV		6.6910	3		3	43,713	0.34	14,826	86
865		Plx9	6.4057	3		3	43,713	0.34	14,826	86

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
866	Psychosocial Conditions With HIV		1.2926	4	3	6	7,465	0.93	6,963	42
866		Plx9	1.2248	4	3	6	7,465	0.93	6,963	42
867	Other Conditions Associated With HIV		1.8917	1	1	5	12,059	0.91	11,002	28
867		Plx9	1.8021	1	1	5	12,059	0.91	11,002	28
868	Miscellaneous Conditions With HIV		1.7302	32	25	43	10,353	1.08	11,196	41
868		Plx9	1.6202	32	25	43	10,353	1.08	11,196	41
880	Amputation Of Lower Limb Except Toe With Major Vascular Surgery		4.6676	49	43	73	25,565	0.82	20,910	86
880		Plx1	2.4918	12	12	25	14,050	0.57	7,979	46
880		Plx2	3.9678	11	9	13	23,677	0.63	14,932	67
880		Plx3	3.3477	8	6	13	19,489	0.46	8,975	52
880		Plx4	8.2551	18	17	24	50,740	0.68	34,617	149
881	Amputation Of Lower Limb Except Toe		2.8726	323	228	424	16,376	0.88	14,419	74
881		Plx1	1.5336	138	100	191	9,022	0.57	5,152	36
881		Plx2	2.6391	67	49	89	16,643	0.71	11,841	71
881		Plx3	3.2341	47	31	64	19,632	0.73	14,397	85
881		Plx4	6.7711	71	56	94	43,517	0.73	31,772	174
882	Wound Debridement Or Other Amputation With Major Vascular Surgery		3.8402	12	8	26	21,613	0.61	13,146	86
882		Plx1	2.2754	4	3	12	13,738	0.64	8,824	50
882		Plx2	2.4655	2	1	3	15,411	0.44	6,714	80
882		Plx3	4.2857	4	3	5	24,979	0.32	7,907	83
882		Plx4	6.7519	2	2	7	42,304	0.38	16,176	94
883	Wound Debridement And Grafting Other Than Hand		2.6161	34	26	51	16,012	0.85	13,597	78
883		Plx1	2.0833	20	16	31	13,657	0.90	12,276	55
883		Plx2	1.2382	4	2	6	7,994	0.50	4,034	63
883		Plx3	2.6464	5	4	8	16,643	0.61	10,205	69
883		Plx4	9.6694	5	4	6	63,846	1.26	80,538	122
884	Other Amputations Including Toe		1.8877	69	43	79	11,145	1.01	11,269	56
884		Plx1	0.9692	35	23	43	6,056	0.60	3,652	32
884		Plx2	1.7238	12	9	17	10,821	0.74	8,038	54

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation	Trim Point
884		Plx3	3.4966	13	8	14	22,588	0.67	15,212	72
884		Plx4	5.8686	9	5	7	37,145	0.75	28,018	106
885	PWS - Aortic Replacement		3.4191	220	200	356	19,156	0.64	12,321	27
885		Plx1	2.3899	122	114	184	14,589	0.47	6,805	17
885		Plx2	3.0347	33	31	56	18,358	0.41	7,584	25
885		Plx3	3.5401	25	22	53	21,656	0.51	11,137	30
885		Plx4	5.5059	40	34	65	33,788	0.60	20,245	48
887	Vascular Bypass Surgery		2.5311	542	300	669	14,090	0.67	9,373	26
887		Plx1	1.9297	341	190	406	11,649	0.54	6,260	19
887		Plx2	2.3352	70	43	109	13,933	0.43	5,923	25
887		Plx3	2.6504	73	39	89	16,047	0.48	7,650	30
887		Plx4	5.3826	58	33	70	32,561	0.72	23,602	52
890	Other Thoraco-Abdominal Procedures		2.8110	53	43	76	16,470	1.00	16,485	45
890		Plx1	1.3160	25	22	38	8,348	0.86	7,215	20
890		Plx2	1.5614	6	4	8	10,018	0.49	4,887	25
890		Plx3	2.0185	7	7	11	12,567	0.57	7,198	39
890		Plx4	6.6659	15	12	18	43,063	0.56	24,129	69
891	Vascular Repair		1.7656	199	152	280	10,282	0.93	9,557	22
891		Plx1	1.2205	144	108	204	7,628	0.75	5,694	13
891		Plx2	1.8772	21	17	28	11,445	0.44	5,048	26
891		Plx3	2.3152	13	13	26	14,710	0.55	8,113	35
891		Plx4	5.4645	21	17	28	36,507	0.68	24,908	73
892	Other Vascular Procedures		1.3583	116	75	158	8,015	0.69	5,553	19
892		Plx1	1.1483	98	63	126	7,297	0.71	5,150	13
892		Plx2	2.5810	9	8	22	16,647	0.97	16,213	49
892		Plx3	1.7851	6	4	14	11,199	0.62	6,923	32
892		Plx4	5.8879	3	2	4	39,880	0.86	34,400	75
893	Vein Ligation And Stripping (MNRH)		0.3882	193	25	50	1,818	0.41	739	1
893		Plx1	0.3486	193	25	48	1,822	0.41	754	1
893		Plx2	0.4285			2	1,723	0.01	15	1

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
893		Ptx3								
893		Ptx4								
895	Deep Vein Thrombophlebitis		0.8789	667	253	519	4,977	0.81	4,007	22
895		Ptx1	0.6931	496	171	354	4,216	0.78	3,282	21
895		Ptx2	0.8849	107	56	102	5,507	0.84	4,621	27
895		Ptx3	1.6778	46	22	60	10,471	0.69	7,250	47
895		Ptx4	1.7532	18	10	17	11,293	0.55	6,170	42
898	Peripheral Vascular Disease		0.9366	413	194	409	5,290	0.99	5,255	23
898		Ptx1	0.7222	309	137	306	4,410	0.96	4,252	19
898		Ptx2	0.9922	51	29	54	6,158	0.71	4,353	33
898		Ptx3	1.7515	37	19	34	11,056	1.01	11,188	47
898		Ptx4	2.3575	16	13	23	14,561	0.82	11,945	52
900	Extensive Unrelated O.R. Procedures		4.5291	378	294	558	27,533	1.04	28,749	82
900		Ptx1	2.0650	148	111	192	13,677	0.96	13,189	28
900		Ptx2	3.0317	50	35	69	19,071	0.65	12,398	79
900		Ptx3	3.7911	53	44	82	24,504	0.67	16,315	87
900		Ptx4	7.6465	127	110	233	49,893	0.83	41,426	135
901	Non-Extensive Unrelated O.R. Procedures		2.3813	1,178	811	1,533	14,411	1.31	18,873	54
901		Ptx1	1.0128	652	447	848	6,558	0.93	6,092	25
901		Ptx2	2.0400	144	96	198	13,182	0.75	9,889	55
901		Ptx3	2.9499	147	99	180	19,227	0.68	13,145	69
901		Ptx4	6.9995	235	196	348	45,915	0.91	41,740	130
902	Post-Operative Complications With Unrelated O.R. Procedures		2.6016	105	83	163	14,943	1.05	15,750	50
902		Ptx1	1.0424	49	37	82	6,590	0.92	6,093	22
902		Ptx2	2.6406	19	16	23	15,782	0.58	9,200	49
902		Ptx3	3.0239	8	6	14	19,348	0.73	14,194	58
902		Ptx4	5.8589	29	24	47	37,810	0.96	36,403	73
906	Unrelated O.R. Procedures (MNRH)		1.7448	271	157	302	10,563	1.12	11,860	50
906		Ptx1	0.9058	196	109	196	5,925	0.95	5,606	31
906		Ptx2	2.2387	34	21	40	14,483	0.77	11,198	67

Schedule 3 – Inpatient Statistical Background

CMG Code	Description	Complexity Level	2003/2004 SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation	2003/2004 Trim Point
906		Ptx3	2.4110	20	13	29	15,630	0.64	9,967	71
906		Ptx4	4.8187	21	16	39	31,517	0.65	20,430	95
908	Other Major Procedures For Gynecological Malignancy		0.9253	18	14	24	5,587	0.64	3,558	14
908		Ptx1	0.6989	16	13	20	4,454	0.56	2,501	12
908		Ptx2	2.1218	2	1	2	12,542	0.49	6,195	16
908		Ptx3	2.2153			2	13,835	0.10	1,383	16
908		Ptx4	1.8558			1	10,422			8
909	Obsolete Psychiatric Diagnoses (MNRH)		0.9863	469	178	341	5,743	0.96	5,495	39
909		Ptx9	0.9129	469	178	341	5,743	0.96	5,495	39
910	Diagnosis Not Generally Hospitalized		0.3878	228	84	161	2,489	1.90	4,719	4
910		Ptx9	0.3635	228	84	161	2,489	1.90	4,719	4
912	Obstetric Codes Invalid As Most Responsible Diagnosis		0.3476	21	10	40	1,870	0.65	1,218	7
912		Ptx9	0.3236	21	10	40	1,870	0.65	1,218	7
996	Cadaveric Donor Organ and Tissue Retrieval		2.8124	1	1	5	19,032	0.31	5,860	
996		Ptx9	2.6997	1	1	5	19,032	0.31	5,860	
997	Stillbirths			263						
997		Ptx9		263						
998	Neonate With Catastrophic Diagnosis LOS < 6 Days		0.6860	4	3	9	4,404	0.91	4,009	8
998		Ptx9	0.6338	4	3	9	4,404	0.91	4,009	8
999	Ungroupable Data		0.8185	63	32	53	4,963	1.39	6,890	
999		Ptx9	0.7668	63	32	53	4,963	1.39	6,890	

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1.1	Nerve & Other, Local Anaesthetic	169	65	234	1,138
1.2	Nerve & Other, General Anaesthetic	940	453	1,393	1,584
1.3	Nerve & Other, Other Anaesthetic	589	303	893	315
1.4	Nerve & Other, No Anaesthetic	71	49	119	1,652
2	Spinal	384	114	498	3,665
3	Nerve Injection	60	42	102	1,672
4	Orbital & Other Eye	893	319	1,212	2,893
5	Lens Interventions	440	155	595	13,548
6	Iris & Other Eye	67	32	99	861
7	Strabismus	945	356	1,302	1,715
8	External Eye	161	47	207	26,088
9	Bronch/Pharynx	841	335	1,176	74
10	Tympanoplasty	874	410	1,283	1,032
11	Sinus Interventions	954	428	1,382	1,735
12	Other Sinus	747	290	1,038	169
13	Tonsils & Adenoids 12+ years	630	260	891	1,586
13.1	Tonsils & Adenoids 0 < 6 years	822	262	1,084	1,089
13.2	Tonsils & Adenoids 6 < 12 years	838	280	1,118	1,748
14	Nasal Interventions	399	186	585	5,508
15	Other Respiratory	610	185	795	466
16	External Ear 18 + years	152	69	221	693
16.1	External Ear 0 < 1.5 years	509	150	658	565
16.2	External Ear 1.5 < 6 years	480	143	623	1,889
16.3	External Ear 6 < 12 years	455	142	598	826
16.4	External Ear 12 < 18 years	370	122	492	182
17	Respiratory Endoscopy - ENT	388	132	521	5,160
18	Pacemaker Implant	4,228	1,276	5,504	499
19	Cardiac Catheter 18 + years	994	283	1,277	6,211
19.1	Cardiac Catheter 0 < 6 years	2,621	552	3,173	116
19.2	Cardiac Catheter 6 < 18 years	2,322	563	2,885	186
20	Angiography 18 + years	1,330	367	1,697	4,675
20.1	Angiography 0 < 6 years	1,055	208	1,263	7

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
20.2	Angiography 6 < 12 years	1,192	272	1,464	18
20.3	Angiography 12 < 18 years	1,157	319	1,476	57
21	Vascular Interventions 18 + years	796	266	1,062	1,908
21.1	Vascular Interventions 0 < 18 years	805	217	1,022	181
22	Other Vascular Interventions	707	318	1,025	1,557
23.1	Lymphatic Interventions, Local Anaesthetic	188	64	251	27
23.2	Lymphatic Interventions, General Anaesthetic	1,372	539	1,910	835
23.3	Lymphatic Interventions, Other Anaesthetic	730	236	966	83
23.4	Lymphatic Interventions, No Anaesthetic	182	64	245	226
24	Minor Vascular	153	66	219	4,673
25	Cholecystectomy	1,077	473	1,549	3,378
26	Hernia	947	384	1,331	6,207
27	ERCP	650	220	870	1,976
28.1	Endoscopy GI - Low	368	128	496	1,993
28.2	Endoscopy GI - Medium	301	99	400	47,543
28.3	Endoscopy GI - High	335	111	446	5,708
29.1	Ano-Rectal Interventions, Local Anaesthetic	133	53	186	74
29.2	Ano-Rectal Interventions, General Anaesthetic	680	301	981	918
29.3	Ano-Rectal Interventions, Other Anaesthetic	389	122	511	1,698
29.4	Ano-Rectal Interventions, No Anaesthetic	127	48	175	384
30.1	Minor Anal Interventions, Local Anaesthetic	101	44	145	249
30.2	Minor Anal Interventions, General Anaesthetic	818	287	1,105	354
30.3	Minor Anal Interventions, Other Anaesthetic	428	126	554	2,808
30.4	Minor Anal Interventions, No Anaesthetic	210	76	285	2,452
31	Mechanical Implants	1,426	624	2,049	83
32	Lithotripsy	502	204	707	5,022
33	Upper Urinary Interventions	812	321	1,133	1,668
34.1	Lower Uri & Genital	900	312	1,211	2,112
34.2	Reconstruction, Vas Deferens	1,505	649	2,154	64
35.1	Bladder & Urethral Interventions, Local Anaesthetic	156	75	231	27,185
35.2	Bladder & Urethral Interventions, General Anaesthetic	665	248	913	2,329
35.3	Bladder & Urethral Interventions, Other Anaesthetic	440	192	632	2,106

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
35.4	Bladder & Urethral Interventions, No Anaesthetic	266	97	363	10,297
36.1	Vasectomy	232	107	340	2,549
36.2	Other Male Genital Interventions	820	306	1,126	882
37	Circumcision 18 + years	622	262	884	454
37.1	Circumcision 0 < 1.5 years	125	58	182	2,095
37.2	Circumcision 1.5 < 6 years	724	216	941	351
37.3	Circumcision 6 < 12 years	708	226	933	274
37.4	Circumcision 12 < 18 years	724	273	997	107
38	Uro Diagnostic Interventions	180	72	252	6,531
39	Uterus & Adnexal Intervention	803	359	1,162	5,312
40	Endo & Gyn Interventions	544	251	795	5,836
41	Minor Gyn Interventions	178	50	229	11,100
42	Evacuations	340	185	525	6,099
43	Maxillo-Facial	990	391	1,381	297
44	Chest Wall Interventions	817	306	1,123	292
45.1	Upper Extremity Interventions	542	245	788	959
45.2	Shoulder Interventions	1,216	518	1,734	814
46	Open Reductions	1,061	484	1,545	790
47	Tendon & Muscle Interventions	520	231	750	2,737
48	Closed Reductions	272	99	371	8,183
49	Lower Extremity	869	321	1,189	187
50	Knee Interventions	776	364	1,140	6,986
51	Ankle & Foot	867	402	1,269	1,726
52.1	Remove Int Fixation, Lower Extremity	574	247	822	1,497
52.2	Other Removal, Int Fixation	297	120	416	1,363
53	Soft Tissue Interventions	356	148	503	2,105
54	Manipulations	303	118	421	209
55	Mastectomy	423	177	599	1,683
56.1	Augment/Reduc Breast Bilateral	1,565	699	2,264	1,372
56.2	Augment/Reduc Breast Unilateral	1,308	546	1,854	347
57	Breast Plastic Interventions	662	268	931	638
58.1	Ear & Cleft Lip Reconstruction	1,060	600	1,660	51

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
58.2	Face Rhytidectomy	1,399	682	2,082	26
58.3	Other Plastic Reconstruction	773	319	1,092	1,756
59.1	Skin Interventions, Local Anaesthetic	94	39	133	22,564
59.2	Skin Interventions, General Anaesthetic	818	319	1,137	1,924
59.3	Skin Interventions, Other Anaesthetic	138	57	195	3,818
59.4	Skin Interventions, No Anaesthetic	111	46	158	15,617
60	Dental Surgery	956	329	1,286	2,907
61.1	Biopsy, Other	633	130	762	1,415
61.2	Biopsy, Percutaneous	558	149	707	7,968
62	Hemodialysis	229	71	300	181,275
62.1	Home Hemodialysis Teaching	1,182	313	1,495	24
62.2	Selfcare Hemodialysis				
63	Transfusions	367	149	516	8,069
64	Cardioversion	402	139	542	1,212
65	Chemotherapy Oncology	287	57	345	757
66	Myelogram	415	146	561	95
68	Thyroid Interventions	1,290	608	1,899	66
69	Parotid Duct Interventions	1,126	529	1,656	46
70	Appendectomy	1,114	519	1,633	24
71	Gastro-Intestinal Related Interventions	229	81	309	2,273
72	Peritoneal Dialysis	363	58	421	493
72.1	Home Peritoneal Dialysis Teaching	130	20	149	3,644
73	Hos Visit Including Diagnostic Investigation of Vascular Sys			358	1
74	Hospital Visit Including Nuclear Imaging	638	122	760	17,480
75	Hospital Visit Including CAT Scan	367	78	446	96,869
76	Hospital Visit Including MRI	481	92	573	67,035
77	Hospital Visit Radiotherapy	301	57	358	704
78	Chest Xray	65	16	81	19,864
79	Other Xray	96	23	119	50,016
80	Mammogram	98	45	143	552
81	Ultrasound	261	42	302	31,922
82.1	Extensive Sleep Studies	854	166	1,020	2,546

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
82.2	Other Sleep Labs	198	34	231	970
83	Inner Ear	1,161	657	1,818	219
84	Hyperbaric Chamber	273	53	326	2,376
99	Ungroupables - Based on Interventions	836	335	1,171	201
201	Diag Inv General Cardiac 0 < 12 years	219	51	270	430
203	Diag Inv General Cardiac 12 < 18 years	208	57	265	335
205	Diag Inv General Cardiac 18+ years	233	67	300	20,526
206	Management General Cardiac 0 < 1.5 years	88	20	107	409
207	Management General Cardiac 1.5 < 12 years	92	19	111	1,201
208	Management General Cardiac 12 < 18 years	86	20	106	761
210	Management General Cardiac 18+ years	85	24	109	56,131
213	Dysrhythmia & Conductive Disorders	176	60	235	12,729
214	Congestive Heart Failure	177	53	230	7,903
215	Inflammatory Cardiac	190	64	254	185
216	Congenital Heart Disease	223	38	261	3,944
217	Diag Inv Angina	399	99	498	7,886
218	Management Angina	66	25	91	18,116
219	Diag Inv Vascular	312	86	398	1,501
220	Management Vascular	96	35	131	4,791
251	Diag Inv General Endocrinal 0 < 18 years	187	44	231	265
254	Diag Inv General Endocrinal 18 + years	311	97	408	194
255	Management General Endocrinal 0 < 1.5 years	68	24	92	536
256	Management General Endocrinal 1.5 < 6 years	73	25	98	616
257	Management General Endocrinal 6 < 18 years	49	16	65	1,206
258	Management General Endocrinal 18 + years	49	22	70	8,618
259	Management Diabetes < 18 years	141	76	217	4,583
260	Management Diabetes 18 + years	76	39	114	35,843
262	Thyrotoxicosis	44	19	63	1,912
264	Management Ketoacidosis	317	111	427	271
266	Fluid & Electrolyte < 6 years	248	92	340	870
267	Fluid & Electrolyte 6 + years	248	86	335	4,518
301	Diag Inv General ENT	174	59	233	7,547

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
301	Management General ENT	84	33	116	47,713
305	Otitis Media	62	27	89	15,232
306	Epistaxis	88	36	124	1,870
351	Diag Inv General Female Genital Disorders < 45 years	493	119	612	966
352	Diag Inv General Female Genital Disorders 45 + years	297	83	380	220
353	Management General Female Genital Disorders < 18 years	104	34	138	1,132
354	Management General Female Genital Disorders 18 < 45 years	86	22	107	14,865
355	Management General Female Genital Disorders 45 + years	72	29	101	4,465
356	Management Contraceptive	85	20	105	4,975
357	Diag Inv General Male Genital Disorders < 18 years	295	83	378	211
358	Diag Inv General Male Genital Disorders 18 + years	284	85	369	399
359	Management General Male Genital Disorders < 18 years	69	27	96	1,520
360	Management General Male Genital Disorders 18 + years	62	22	84	3,768
361	Diag Inv Other Genitourological Disorders < 18 years	283	84	367	634
362	Diag Inv Other Genitourological Disorders 18 + years	286	96	382	5,417
363	Management Other Genitourological Disorders < 18 years	100	37	137	6,656
364	Management Other Genitourological Disorders 18 + years	92	25	117	37,936
400	Diag Inv General Gastrointestinal 0 < 1.5 years	236	75	311	984
401	Diag Inv General Gastrointestinal 1.5 < 6 years	224	74	298	1,509
402	Diag Inv General Gastrointestinal 6 < 18 years	259	82	341	3,935
403	Diag Inv General Gastrointestinal 18 < 45 years	341	102	443	9,166
404	Diag Inv General Gastrointestinal 45 < 65 years	324	104	428	5,006
405	Diag Inv General Gastrointestinal 65 + years	350	116	466	4,688
406	Management General Gastrointestinal 0 < 1.5 years	81	34	115	10,347
407	Management General Gastrointestinal 1.5 < 6 years	90	38	127	9,773
408	Management General Gastrointestinal 6 < 18 years	95	38	133	11,408
409	Management General Gastrointestinal 18 < 45 years	106	39	146	28,761
410	Management General Gastrointestinal 45 < 65 years	95	34	130	13,146
411	Management General Gastrointestinal 65 + years	100	40	139	6,835
412	Constipation with Disimpaction	255	99	354	80
413	GI Bleed/Perforation/Obstruction	259	88	346	4,007
451	Diag Inv Hematological	338	94	431	1,417

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
452	Management Hematological 0 < 6 years	148	50	198	1,789
453	Management Hematological 6 < 12 years	170	56	226	1,226
454	Management Hematological 12 < 18 years	202	63	265	1,653
455	Management Hematological 18 < 65 years	149	44	193	9,226
456	Management Hematological 65 + years	136	40	175	3,816
501	Diag Inv Hepatobiliary	425	129	554	3,058
502	Management Hepatobiliary	78	26	104	10,200
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	282	65	347	81
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	201	54	254	97
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	244	59	303	133
555	Diag Inv Inflam Musculoskeletal 18 + years	220	61	281	3,727
556	Diag Inv Other Musculoskeletal < 18 years	123	36	160	15,831
557	Diag Inv Other Musculoskeletal 18 + years	132	44	176	64,554
558	Management Inflam Musculoskeletal 0 < 6 years	89	27	117	274
560	Management Inflam Musculoskeletal 6 < 12 years	76	25	100	418
561	Management Inflam Musculoskeletal 12 < 18 years	77	23	100	490
562	Management Inflam Musculoskeletal 18 + years	60	21	81	21,450
563	Management Other Musculoskeletal < 18 years	51	20	70	11,514
564	Management Other Musculoskeletal 18 + years	40	21	61	75,749
565	Diag Inv Congenital Musculoskeletal Deformities	238	65	303	77
566	Management Congenital Musculoskeletal Deformities	147	36	183	587
567	Diag Inv Other Inflam Musculoskeletal	175	60	234	1,647
568	Management Other Inflam Musculoskeletal	58	28	86	4,881
569	Infectious Musculoskeletal	118	55	173	2,974
601	Diag Inv General Neurology	243	73	316	1,402
602	Management General Neurology 0 < 6 years	107	33	140	1,997
603	Management General Neurology 6 < 12 years	127	38	165	2,025
604	Management General Neurology 12 < 18 years	98	33	131	1,047
605	Management General Neurology 18 < 65 years	92	36	128	8,943
606	Management General Neurology 65 + years	142	39	181	3,287
607	Migraine Headache	73	33	106	10,261
608	Diag Inv Headache	193	66	259	372

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
609	Management Headache	73	31	104	7,720
610	Diag Inv Meningitis	311	94	405	35
611	Management Meningitis	90	33	123	265
612	Diag Inv Cerebrovascular	313	94	407	1,301
613	Management Cerebrovascular	133	38	171	7,700
614	Diag Inv Convulsions	258	83	341	750
615	Management Convulsions	98	34	133	10,718
616	Diag Inv Vertigo	274	91	365	512
617	Management Vertigo	125	49	174	4,459
651	Antepartum Routine	115	41	156	2,793
652	Postpartum Routine	79	113	192	1,419
653	Diag Inv Neonatal & Congenital	265	84	348	262
654	Management Neonatal & Congenital	111	42	152	2,103
656	Delivery with Postpartum Complications	86	36	123	31
657	Delivery without PostpartumComplications	139	43	182	31
658	Postpartum Conditions Outcomes Uncomplicated	90	35	125	4,188
659	Diag Inv Pregnancy with Abortive	555	138	692	702
660	Management Pregnancy with Abortive Outcomes Uncomp	165	54	218	1,403
662	Diag Inv Antepartum	295	75	370	7,500
663	Management Antepartum	108	36	144	32,795
664	Diag Inv Pregnancy with Abortive Outcomes Complica	566	135	701	120
665	Management Pregnancy with AbortiveOutcomes Complic	189	53	242	260
701	Diag Inv Oncological	324	105	429	1,048
702	Management Oncological	95	45	140	5,439
703	Radiotherapy (Includes diagnosis code V58.0)	54	34	89	2
704	IV Therapy -- Non Cancer Related	83	32	116	73,244
751	Diag Inv Ophthalmology 0 < 12 years	158	53	211	206
752	Diag Inv Opthalmology 12 < 18 years	139	53	193	151
753	Diag Inv Ophthalmology 18 < 45 years	135	57	193	1,422
754	Diag Inv Ophthalmology 45 + years	113	61	174	9,429
755	Management Ophthalmology 0 < 12 years	61	24	85	8,568
756	Management Ophthalmology 12 < 18 years	55	24	79	2,519

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
757	Management Ophthalmology 18 < 45 years	57	27	84	12,907
758	Management Ophthalmology 45 + years	67	31	98	39,185
801	Diag Inv Psychiatry	269	87	355	1,208
802	Management Psychiatry	103	42	145	50,662
803	Drug & Alcohol Related Conditions	181	73	254	8,085
851	Diag Inv General Respiratory < 18 years	204	75	278	10,548
852	Diag Inv General Respiratory 18 + years	257	88	345	22,261
853	Management General Respiratory 0 < 1.5 years	96	42	138	6,252
854	Management General Respiratory 1.5 < 6 years	97	43	140	10,216
855	Management General Respiratory 6 < 18 years	97	40	137	8,906
856	Management General Respiratory 18 < 65 years	103	39	141	13,807
857	Management General Respiratory 65 + years	153	51	203	6,027
863	Diag Inv Severe Respiratory Disease	328	119	447	1,251
864	Management Severe Respiratory Disease	192	83	275	1,266
901	Diag Inv Skin & Soft Tissue	186	65	251	8,757
902	Management Skin & Soft Tissue	59	28	87	70,523
906	Cellulitis	112	47	158	11,039
951	Diag Inv Systemic Infection	246	80	326	4,430
952	Management Systemic Infection < 18 years	84	35	119	13,738
953	Management Systemic Infection 18 < 45 years	97	36	133	2,325
954	Management Systemic Infection 45 + years	97	37	135	1,084
955	Diag Inv AIDS	323	54	376	290
956	Management AIDS	158	19	176	5,434
999	Ungroupable	144	52	197	442
1001	Open Fracture Fingers & Toes	192	71	264	174
1002	Closed Fracture Fingers & Toes	105	39	143	4,901
1003	Fractured Nose, Open & Closed	110	42	152	785
1004	Open Fracture & Dislocations Other	211	69	280	1,066
1005	Closed Fracture & Dislocations Other	183	64	247	28,532
1007	Open Wounds without Complications	82	34	115	11,751
1008	Open Wound with Complications	107	41	148	1,911
1009	Sprains	122	45	167	33,291

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1010	Contusions Fingers/Toes	97	37	135	2,477
1011	Contusions except Fingers/Toes	119	44	162	21,155
1012	Open Wound Eye	73	31	103	613
1013	Foreign Body Eyes, Ears, Nose	59	28	87	1,946
1014	Foreign Body except Eyes, Ears, Nose	146	52	198	1,806
1015	Diag Inv Poisoning	345	122	467	738
1016	Management Poisoning	167	69	236	8,341
1017	Amputation except Fingers/Toes	312	69	381	7
1018	Abuse/Sexual Assault 0 < 12 years	455	69	525	621
1019	Abuse/Sexual Assault 12+ years	243	60	304	615
1020	Burn Moderate to Severe	85	34	118	345
1021	Minor Other Injuries	118	47	165	16,375
1022	Moderate Other Injuries	355	116	471	2,733
1024	Comas	252	98	351	51
1025	Shock	152	62	214	533
1026	Open Spinal Fracture & Dislocation	393	172	565	1
1027	Closed Spinal Fracture & Dislocation	254	93	347	642
1028	Diag Inv Head Injury	223	84	307	1,365
1029	Management Head Injury	75	31	107	5,885
1030	Diag Inv Thoraco-Abdominal & Major Vascular	298	103	401	333
1031	Management Thoraco-Abdominal & Major Vascular	87	38	125	2,297
1032	Burn Minor 0 < 6 years	78	34	112	652
1033	Burn Minor 6 + years	66	29	95	2,453
1034	Diag Inv Major Other Injuries	270	92	362	77
1035	Management Major Other Injuries	268	52	319	307
1051	Assessment Referral	55	13	68	2,211
1052	Assessment Intake	216	54	270	13,510
1053	Assessment Collateral	130	49	179	140
1054	Legal Assessment Half Day			199	1
1055	Legal Assessment Full Day				
1056	Assessment Specialized	163	39	202	6,512
1057	Individual Therapy	77	20	97	54,712

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1058	Crisis/Intervention Calls Telephone Crisis Calls			199	1
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			199	1
1060	Couple Therapy	125	29	154	522
1061	Family Therapy	149	27	176	1,602
1062	Group Therapy	21	7	28	167,614
1063	ECT	165	92	257	1,431
1064	Medication Administration	126	36	161	14,817
1065	Patient Specific Consultations/Case Supervision	57	28	86	23,195
1066	Patient Specific Hearings			199	1
1067	Patient Specific Professional Reports and Applications			199	1
1068	Patient Specific Critical Incident Documentation			199	1
1069	Diagnostic Testing/Scoring Testing Type 1	107	47	153	251
1070	Diagnostic Testing/Scoring Testing Type 2	365	80	444	396
1071	Diagnostic Testing/Scoring Testing Type 3	910	194	1,104	126
1072	Therapeutic Milieu Programs Half Day	59	15	74	1,727
1073	Therapeutic Milieu Programs Full Day	489	146	635	10
1074	Mental Health Education 0-120 min	69	24	93	9,015
1075	Mental Health Education 121-240 min			199	1
1076	Mental Health Education 241-360 min				
1077	Mental Health Education 361-480 min				
1101	OT Group 1	17	2	19	31,633
1102	OT Group 2	40	5	45	30,395
1103	OT Group 3	56	9	65	8,937
1104	OT Group 4	132	19	150	34,196
1105	OT Group 5	161	22	182	2,604
1106	OT Group 6	299	43	342	1,184
1111	Physical Therapy Group 1	21	11	32	52,058
1112	Physical Therapy Group 2	38	10	48	60,916
1113	Physical Therapy Group 3	49	11	60	13,025
1114	Physical Therapy Group 4	93	17	110	36,884
1115	Physical Therapy Group 5	146	26	171	1,657
1116	Physical Therapy Group 6	245	47	292	675

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1121	Recreational Therapy Group 1	16	2	18	12,278
1122	Recreational Therapy Group 2	36	5	41	8,534
1123	Recreational Therapy Group 3	52	8	60	519
1124	Recreational Therapy Group 4	87	13	101	2,728
1125	Recreational Therapy Group 5	147	18	165	114
1126	Recreational Therapy Group 6	214	24	238	36
1131	Speech-Language Pathology Group 1	26	4	31	8,114
1132	Speech-Language Pathology Group 2	55	9	64	12,890
1133	Speech-Language Pathology Group 3	71	13	84	333
1134	Speech-Language Pathology Group 4	163	27	190	16,976
1135	Speech-Language Pathology Group 5	280	46	326	7,049
1136	Speech-Language Pathology Group 6	389	67	456	611
1141	Audiology Group 1	116	28	144	939
1142	Audiology Group 2	65	13	79	3,421
1143	Audiology Group 3	227	38	265	9,002
1144	Audiology Group 4	499	94	593	300
1145	Audiology Group 5 - Cochlear Implant			272	1
1151	Resp Therapy Group 1	29	5	33	14,490
1152	Resp Therapy Group 2	60	10	70	16,673
1153	Resp Therapy Group 3	59	9	68	10,513
1154	Resp Therapy Group 4	131	19	149	15,803
1155	Resp Therapy Group 5	152	24	176	5,656
1156	Resp Therapy Group 6	302	49	350	6,128
1201	Clinical Nutrition Group 1	22	3	25	40,503
1202	Clinical Nutrition Group 2	51	9	60	23,187
1203	Clinical Nutrition Group 3	69	9	78	4,774
1204	Clinical Nutrition Group 4	138	28	166	20,418
1205	Clinical Nutrition Group 5	186	25	211	1,959
1206	Clinical Nutrition Group 6	285	38	323	550
1221	Social Work Group 1	47	7	54	25,313
1222	Social Work Group 2	103	14	117	16,092
1223	Social Work Group 3	169	22	191	2,243

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
1224	Social Work Group 4	282	45	327	1,705
1225	Social Work Group 5	354	43	397	184
1226	Social Work Group 6	564	73	637	36
1241	Psychology Group 1	49	9	58	15,556
1242	Psychology Group 2	151	25	176	5,819
1243	Psychology Group 3	210	34	245	1,189
1244	Psychology Group 4	438	75	514	5,101
1245	Psychology Group 5	553	99	652	409
1246	Psychology Group 6	1,243	167	1,410	148
1247	Psychology Group 7			1,410	1
1248	Psychology Group 8				
1249	Psychology Group 9				
2001	Critical Care Unit or O.R. with Secondary Diagnosis	272	86	358	1,342
2002	Critical Care Unit or O.R. without Secondary Diagnosis	384	84	468	2,147
2003	Other Unit with Secondary Diagnosis	201	78	278	17,243
2004	Other Unit without Secondary Diagnosis	193	69	262	23,665
2021	DOA	76	38	113	17
2022	Died During Visit	163	81	244	277
2023	Death - Organ Donor			199	1
2041	Patient Transferred with Secondary Diagnosis	233	96	329	2,262
2042	Patient Transferred without Secondary Diagnosis	206	84	290	2,248
2050	Diag Inv General Symptoms/Exam	228	46	274	17,865
2051	Management General Symptoms/Exam < 18 years	133	57	190	20,706
2052	Management General Symptoms/Exam 18 < 45 years	97	42	139	27,819
2053	Management General Symptoms/Exam 45 < 65 years	107	41	148	18,162
2054	Management General Symptoms/Exam 65+ years	131	44	174	22,086
2059	Prophylactic Vaccination	88	38	126	7,784
2060	Therapeutic Medical Counseling	119	35	154	16,164
2062	Preoperative Exam	165	44	210	63,663
2063	Private Practice Office Visit	40	8	48	948
2064	Therapy - No Intervention Code	101	26	127	20,140
2066	Contact/Carrier of Communicable Disease	80	24	104	511

Schedule 4 – Ambulatory Care Cost Results

ACCS Group	Description	Average Direct Cost	Average Indirect Cost	Average Cost	Costed Cases
2067	Health Hazard Related to Personal/Family History	959	295	1,254	2,376
2068	Routine Health Supervision	59	29	88	20,365
2069	Postsurgical Status	98	32	129	24,198
2070	Follow-up/Convalescence	58	20	78	35,407
2071	Screening Exam	155	36	191	8,489
2072	Screening Exam - Genetics				
2073	Genetic Counselling	847	115	962	3,880
2081	Non Registered Service Recipients				
2082	Mode of Service - Telephone	38	10	48	313,870
2099	Patient Left Without Being Seen	76	38	114	2,427

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
1.1	Nerve & Other, Local Anaesthetic	529	609	1,138	242	227	234
1.2	Nerve & Other, General Anaesthetic	801	783	1,584	1,416	1,370	1,393
1.3	Nerve & Other, Other Anaesthetic	175	140	315	851	945	893
1.4	Nerve & Other, No Anaesthetic	893	759	1,652	123	116	119
2	Spinal	1,903	1,962	3,865	535	461	498
3	Nerve Injection	913	759	1,672	96	109	102
4	Orbital & Other Eye	1,507	1,386	2,893	1,215	1,209	1,212
5	Lens Interventions	6,684	6,864	13,548	583	607	595
6	Iris & Other Eye	428	433	861	100	98	99
7	Strabismus	873	842	1,715	1,315	1,288	1,302
8	External Eye	12,715	13,373	26,088	221	195	207
9	Bronch/Pharynx	41	33	74	1,205	1,140	1,176
10	Tympanoplasty	522	510	1,032	1,288	1,278	1,283
11	Sinus Interventions	765	970	1,735	1,446	1,332	1,382
12	Other Sinus	89	80	169	1,035	1,040	1,038
13	Tonsils & Adenoids 12+ years	798	788	1,586	878	904	891
13.1	Tonsils & Adenoids 0 < 6 years	485	604	1,089	1,084	1,084	1,084
13.2	Tonsils & Adenoids 6 < 12 years	808	940	1,748	1,122	1,115	1,118
14	Nasal Interventions	2,634	2,874	5,508	607	564	585
15	Other Respiratory	229	237	466	896	698	795
16	External Ear 18 + years	307	386	693	248	199	221
16.1	External Ear 0 < 1.5 years	255	310	565	689	633	658
16.2	External Ear 1.5 < 6 years	955	934	1,889	633	613	623
16.3	External Ear 6 < 12 years	387	439	826	611	586	598
16.4	External Ear 12 < 18 years	78	104	182	496	490	492
17	Respiratory Endoscopy - ENT	2,909	2,251	5,160	449	613	521
18	Pacemaker Implant	45	454	499	11,047	4,955	5,504
19	Cardiac Catheter 18 + years	3,155	3,056	6,211	1,162	1,395	1,277
19.1	Cardiac Catheter 0 < 6 years	54	62	116	3,169	3,177	3,173
19.2	Cardiac Catheter 6 < 18 years	85	101	186	3,275	2,556	2,885
20	Angiography 18 + years	2,297	2,378	4,675	1,878	1,522	1,697
20.1	Angiography 0 < 6 years	3	4	7	1,198	1,311	1,263

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
20.2	Angiography 6 < 12 years	10	8	18	1,752	1,104	1,464
20.3	Angiography 12 < 18 years	24	33	57	2,180	964	1,476
21	Vascular Interventions 18 + years	1,030	878	1,908	1,047	1,079	1,062
21.1	Vascular Interventions 0 < 18 years	100	81	181	1,087	941	1,022
22	Other Vascular Interventions	680	877	1,557	1,030	1,021	1,025
23.1	Lymphatic Interventions, Local Anaesthetic	12	15	27	255	248	251
23.2	Lymphatic Interventions, General Anaesthetic	398	437	835	1,817	1,995	1,910
23.3	Lymphatic Interventions, Other Anaesthetic	56	27	83	977	942	966
23.4	Lymphatic Interventions, No Anaesthetic	102	124	226	248	243	245
24	Minor Vascular	2,349	2,324	4,673	211	227	219
25	Cholecystectomy	1,558	1,820	3,378	1,527	1,568	1,549
26	Hernia	3,158	3,049	6,207	1,341	1,321	1,331
27	ERCP	984	992	1,976	870	869	870
28.1	Endoscopy GI - Low	966	1,027	1,993	528	466	496
28.2	Endoscopy GI - Medium	23,562	23,981	47,543	402	398	400
28.3	Endoscopy GI - High	2,920	2,788	5,708	452	440	446
29.1	Ano-Rectal Interventions, Local Anaesthetic	36	38	74	225	149	186
29.2	Ano-Rectal Interventions, General Anaesthetic	481	437	918	1,002	957	981
29.3	Ano-Rectal Interventions, Other Anaesthetic	898	800	1,698	545	472	511
29.4	Ano-Rectal Interventions, No Anaesthetic	206	178	384	182	166	175
30.1	Minor Anal Interventions, Local Anaesthetic	125	124	249	137	153	145
30.2	Minor Anal Interventions, General Anaesthetic	189	165	354	1,122	1,085	1,105
30.3	Minor Anal Interventions, Other Anaesthetic	1,336	1,472	2,808	566	543	554
30.4	Minor Anal Interventions, No Anaesthetic	1,130	1,322	2,452	287	284	285
31	Mechanical Implants	41	42	83	1,999	2,098	2,049
32	Lithotripsy	2,487	2,535	5,022	749	665	707
33	Upper Urinary Interventions	875	793	1,668	1,132	1,134	1,133
34.1	Lower Uri & Genital	1,073	1,039	2,112	1,240	1,181	1,211
34.2	Reconstruction, Vas Deferens	34	30	64	2,394	1,881	2,154
35.1	Bladder & Urethral Interventions, Local Anaesthetic	14,010	13,175	27,185	233	228	231
35.2	Bladder & Urethral Interventions, General Anaesthetic	981	1,348	2,329	964	876	913
35.3	Bladder & Urethral Interventions, Other Anaesthetic	991	1,115	2,106	610	651	632

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
35.4	Bladder & Urethral Interventions, No Anaesthetic	5,363	4,934	10,297	382	343	363
36.1	Vasectomy	1,213	1,336	2,549	318	359	340
36.2	Other Male Genital Interventions	438	444	882	1,142	1,110	1,126
37	Circumcision 18 + years	234	220	454	936	828	884
37.1	Circumcision 0 < 1.5 years	1,059	1,036	2,095	186	179	182
37.2	Circumcision 1.5 < 6 years	166	185	351	975	910	941
37.3	Circumcision 6 < 12 years	130	144	274	968	902	933
37.4	Circumcision 12 < 18 years	52	55	107	1,042	955	997
38	Uro Diagnostic Interventions	3,280	3,251	6,531	264	241	252
39	Uterus & Adnexal Intervention	2,527	2,785	5,312	1,178	1,147	1,162
40	Endo & Gyn Interventions	2,843	2,993	5,836	820	771	795
41	Minor Gyn Interventions	5,461	5,639	11,100	245	213	229
42	Evacuations	2,786	3,313	6,099	519	530	525
43	Maxillo-Facial	146	151	297	1,336	1,425	1,381
44	Chest Wall Interventions	145	147	292	1,196	1,050	1,123
45.1	Upper Extremity Interventions	472	487	959	785	791	788
45.2	Shoulder Interventions	378	436	814	1,765	1,706	1,734
46	Open Reductions	382	408	790	1,640	1,455	1,545
47	Tendon & Muscle Interventions	1,351	1,386	2,737	750	751	750
48	Closed Reductions	4,044	4,139	8,183	374	368	371
49	Lower Extremity	89	98	187	1,259	1,126	1,189
50	Knee Interventions	3,413	3,573	6,986	1,133	1,146	1,140
51	Ankle & Foot	825	901	1,726	1,253	1,283	1,269
52.1	Remove Int Fixation, Lower Extremity	751	746	1,497	850	794	822
52.2	Other Removal, Int Fixation	724	639	1,363	445	385	416
53	Soft Tissue Interventions	1,057	1,048	2,105	464	543	503
54	Manipulations	66	143	209	518	376	421
55	Mastectomy	746	937	1,683	585	611	599
56.1	Augment/Reduc Breast Bilateral	664	708	1,372	2,285	2,245	2,264
56.2	Augment/Reduc Breast Unilateral	180	167	347	1,916	1,787	1,854
57	Breast Plastic Interventions	352	286	638	889	982	931
58.1	Ear & Cleft Lip Reconstruction	25	26	51	1,740	1,584	1,660

N/A - Not applicable
Prepared by: Health Authority Reporting and Costing

Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
58.2	Face Rhytidectomy	10	16	26	1,923	2,181	2,082
58.3	Other Plastic Reconstruction	860	896	1,756	1,092	1,091	1,092
59.1	Skin Interventions, Local Anaesthetic	11,255	11,309	22,564	129	137	133
59.2	Skin Interventions, General Anaesthetic	919	1,005	1,924	1,146	1,129	1,137
59.3	Skin Interventions, Other Anaesthetic	1,873	1,945	3,818	197	193	195
59.4	Skin Interventions, No Anaesthetic	6,127	9,490	15,617	169	151	158
60	Dental Surgery	1,498	1,409	2,907	1,248	1,326	1,286
61.1	Biopsy, Other	722	693	1,415	763	762	762
61.2	Biopsy, Percutaneous	4,049	3,919	7,968	726	686	707
62	Hemodialysis	94,889	86,386	181,275	292	309	300
62.1	Home Hemodialysis Teaching		24	24		1,495	1,495
62.2	Selfcare Hemodialysis						
63	Transfusions	4,086	3,983	8,069	541	491	516
64	Cardioversion	590	622	1,212	477	603	542
65	Chemotherapy Oncology	315	442	757	389	313	345
66	Myelogram	34	61	95	506	591	561
68	Thyroid Interventions	20	46	66	1,428	2,103	1,899
69	Parotid Duct Interventions	23	23	46	1,046	2,266	1,656
70	Appendectomy	13	11	24	1,546	1,737	1,633
71	Gastro-Intestinal Related Interventions	1,190	1,083	2,273	324	293	309
72	Peritoneal Dialysis	481	12	493	424	303	421
72.1	Home Peritoneal Dialysis Teaching	3,508	136	3,644	150	129	149
73	Hos Visit Including Diagnostic Investigation of Vascular Sys			1			358
74	Hospital Visit Including Nuclear Imaging	8,350	9,130	17,480	802	722	760
75	Hospital Visit Including CAT Scan	49,412	47,457	96,869	452	439	446
76	Hospital Visit Including MRI	34,315	32,720	67,035	552	596	573
77	Hopsital Visit Radiotherapy	352	352	704	363	353	358
78	Chest Xray	8,949	10,915	19,864	75	86	81
79	Other Xray	23,620	26,396	50,016	117	121	119
80	Mammogram		552	552		143	143
81	Ultrasound	14,146	17,776	31,922	325	284	302
82.1	Extensive Sleep Studies	1,264	1,282	2,546	1,033	1,007	1,020

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
82.2	Other Sleep Labs	278	692	970	209	240	231
83	Inner Ear	104	115	219	1,765	1,866	1,818
84	Hyperbaric Chamber	1,264	1,112	2,376	291	366	326
99	Ungroupables - Based on Interventions	87	114	201	1,260	1,104	1,171
201	Diag Inv General Cardiac 0 < 12 years	191	239	430	260	277	270
203	Diag Inv General Cardiac 12 < 18 years	142	193	335	246	280	265
205	Diag Inv General Cardiac 18+ years	10,610	9,916	20,526	307	292	300
206	Management General Cardiac 0 < 1.5 years	256	153	409	110	102	107
207	Management General Cardiac 1.5 < 12 years	693	508	1,201	106	118	111
208	Management General Cardiac 12 < 18 years	435	326	761	103	110	106
210	Management General Cardiac 18+ years	28,603	27,528	56,131	114	104	109
213	Dysrhythmia & Conductive Disorders	6,276	6,453	12,729	214	256	235
214	Congestive Heart Failure	4,502	3,401	7,903	217	247	230
215	Inflammatory Cardiac	102	83	185	255	253	254
216	Congenital Heart Disease	1,782	2,162	3,944	246	273	261
217	Diag Inv Angina	3,813	4,073	7,886	503	494	498
218	Management Angina	9,019	9,097	18,116	95	87	91
219	Diag Inv Vascular	751	750	1,501	390	406	398
220	Management Vascular	2,492	2,299	4,791	111	153	131
251	Diag Inv General Endocrinal 0 < 18 years	128	137	265	242	221	231
254	Diag Inv General Endocrinal 18 + years	84	110	194	385	426	408
255	Management General Endocrinal 0 < 1.5 years	263	273	536	91	93	92
256	Management General Endocrinal 1.5 < 6 years	306	310	616	91	105	98
257	Management General Endocrinal 6 < 18 years	614	592	1,206	63	69	65
258	Management General Endocrinal 18 + years	4,422	4,196	8,618	68	73	70
259	Management Diabetes < 18 years	2,225	2,358	4,583	225	210	217
260	Management Diabetes 18 + years	16,324	19,519	35,843	130	101	114
262	Thyrotoxicosis	1,016	896	1,912	59	68	63
264	Management Ketoacidosis	142	129	271	460	391	427
266	Fluid & Electrolyte < 6 years	384	486	870	338	341	340
267	Fluid & Electrolyte 6 + years	2,119	2,399	4,518	325	344	335
301	Diag Inv General ENT	3,802	3,745	7,547	230	236	233

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
303	Management General ENT	22,139	25,574	47,713	122	111	116
305	Otitis Media	7,072	8,160	15,232	94	85	89
306	Epistaxis	817	1,053	1,870	127	122	124
351	Diag Inv General Female Genital Disorders < 45 years	476	490	966	590	633	612
352	Diag Inv General Female Genital Disorders 45 + years	121	99	220	364	400	380
353	Management General Female Genital Disorders < 18 years	494	638	1,132	132	143	138
354	Management General Female Genital Disorders 18 < 45 years	7,010	7,855	14,865	102	112	107
355	Management General Female Genital Disorders 45 + years	2,009	2,456	4,465	104	100	101
356	Management Contraceptive	2,286	2,689	4,975	76	129	105
357	Diag Inv General Male Genital Disorders < 18 years	107	104	211	392	364	378
358	Diag Inv General Male Genital Disorders 18 + years	185	214	399	379	360	369
359	Management General Male Genital Disorders < 18 years	694	826	1,520	102	91	96
360	Management General Male Genital Disorders 18 + years	1,725	2,043	3,768	89	81	84
361	Diag Inv Other Genitourological Disorders < 18 years	310	324	634	379	355	367
362	Diag Inv Other Genitourological Disorders 18 + years	2,596	2,821	5,417	379	384	382
363	Management Other Genitourological Disorders < 18 years	3,328	3,328	6,656	141	132	137
364	Management Other Genitourological Disorders 18 + years	20,687	17,249	37,936	100	137	117
400	Diag Inv General Gastrointestinal 0 < 1.5 years	435	549	984	307	314	311
401	Diag Inv General Gastrointestinal 1.5 < 6 years	705	804	1,509	304	294	298
402	Diag Inv General Gastrointestinal 6 < 18 years	1,902	2,033	3,935	347	334	341
403	Diag Inv General Gastrointestinal 18 < 45 years	4,340	4,826	9,166	440	445	443
404	Diag Inv General Gastrointestinal 45 < 65 years	2,531	2,475	5,006	430	425	428
405	Diag Inv General Gastrointestinal 65 + years	2,218	2,470	4,688	467	465	466
406	Management General Gastrointestinal 0 < 1.5 years	4,667	5,680	10,347	118	112	115
407	Management General Gastrointestinal 1.5 < 6 years	4,405	5,368	9,773	131	124	127
408	Management General Gastrointestinal 6 < 18 years	5,094	6,314	11,408	135	131	133
409	Management General Gastrointestinal 18 < 45 years	13,528	15,233	28,761	135	155	146
410	Management General Gastrointestinal 45 < 65 years	7,145	6,001	13,146	106	158	130
411	Management General Gastrointestinal 65 + years	3,660	3,175	6,835	119	162	139
412	Constipation with Disimpaction	33	47	80	402	320	354
413	GI Bleed/Perforation/Obstruction	1,933	2,074	4,007	345	348	346
451	Diag Inv Hematological	691	726	1,417	438	425	431

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
452	Management Hematological 0 < 6 years	1,042	747	1,789	187	215	198
453	Management Hematological 6 < 12 years	816	410	1,226	195	288	226
454	Management Hematological 12 < 18 years	1,014	639	1,653	238	308	265
455	Management Hematological 18 < 65 years	5,130	4,096	9,226	181	208	193
456	Management Hematological 65 + years	2,194	1,622	3,816	157	200	175
501	Diag Inv Hepatobiliary	1,514	1,544	3,058	566	543	554
502	Management Hepatobiliary	5,680	4,520	10,200	88	124	104
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	19	62	81	319	355	347
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	38	59	97	260	251	254
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	51	82	133	273	322	303
555	Diag Inv Inflam Musculoskeletal 18 + years	1,749	1,978	3,727	275	287	281
556	Diag Inv Other Musculoskeletal < 18 years	7,629	8,202	15,831	159	161	160
557	Diag Inv Other Musculoskeletal 18 + years	31,506	33,048	64,554	179	172	176
558	Management Inflam Musculoskeletal 0 < 6 years	135	139	274	114	120	117
560	Management Inflam Musculoskeletal 6 < 12 years	186	232	418	101	100	100
561	Management Inflam Musculoskeletal 12 < 18 years	241	249	490	95	105	100
562	Management Inflam Musculoskeletal 18 + years	11,118	10,332	21,450	74	88	81
563	Management Other Musculoskeletal < 18 years	5,449	6,065	11,514	69	71	70
564	Management Other Musculoskeletal 18 + years	39,098	36,651	75,749	61	60	61
565	Diag Inv Congenital Musculoskeletal Deformities	47	30	77	347	234	303
566	Management Congenital Musculoskeletal Deformities	312	275	587	203	160	183
567	Diag Inv Other Inflam Musculoskeletal	766	881	1,647	240	230	234
568	Management Other Inflam Musculoskeletal	2,307	2,574	4,881	91	82	86
569	Infectious Musculoskeletal	1,527	1,447	2,974	150	199	173
601	Diag Inv General Neurology	636	766	1,402	319	313	316
602	Management General Neurology 0 < 6 years	1,044	953	1,997	147	131	140
603	Management General Neurology 6 < 12 years	1,144	881	2,025	187	137	165
604	Management General Neurology 12 < 18 years	591	456	1,047	134	127	131
605	Management General Neurology 18 < 65 years	4,549	4,394	8,943	127	129	128
606	Management General Neurology 65 + years	1,932	1,355	3,287	183	178	181
607	Migraine Headache	4,339	5,922	10,261	106	105	106
608	Diag Inv Headache	163	209	372	260	259	259

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
609	Management Headache	3,712	4,008	7,720	97	110	104
610	Diag Inv Meningitis	18	17	35	387	423	405
611	Management Meningitis	172	93	265	117	132	123
612	Diag Inv Cerebrovascular	609	692	1,301	401	412	407
613	Management Cerebrovascular	4,092	3,608	7,700	154	190	171
614	Diag Inv Convulsions	417	333	750	340	342	341
615	Management Convulsions	6,130	4,588	10,718	128	138	133
616	Diag Inv Vertigo	269	243	512	374	356	365
617	Management Vertigo	2,125	2,334	4,459	173	174	174
651	Antepartum Routine	902	1,891	2,793	147	160	156
652	Postpartum Routine	618	801	1,419	194	191	192
653	Diag Inv Neonatal & Congenital	113	149	262	371	331	348
654	Management Neonatal & Congenital	862	1,241	2,103	151	153	152
656	Delivery with Postpartum Complications	17	14	31	111	137	123
657	Delivery without PostpartumComplications	4	27	31	219	177	182
658	Postpartum Conditions Outcomes Uncomplicated	2,279	1,909	4,188	119	131	125
659	Diag Inv Pregnancy with Abortive	328	374	702	703	684	692
660	Management Pregnancy with Abortive Outcomes Uncomp	572	831	1,403	214	222	218
662	Diag Inv Antepartum	3,952	3,548	7,500	372	368	370
663	Management Antepartum	16,484	16,311	32,795	149	139	144
664	Diag Inv Pregnancy with Abortive Outcomes Complica	65	55	120	672	735	701
665	Management Pregnancy with AbortiveOutcomes Complic	118	142	260	240	244	242
701	Diag Inv Oncological	500	548	1,048	454	406	429
702	Management Oncological	3,241	2,198	5,439	136	145	140
703	Radiotherapy (Includes diagnosis code V58.0)		2	2		89	89
704	IV Therapy -- Non Cancer Related	41,091	32,153	73,244	117	114	116
751	Diag Inv Ophthalmology 0 < 12 years	95	111	206	182	235	211
752	Diag Inv Opthalmology 12 < 18 years	81	70	151	176	212	193
753	Diag Inv Ophthalmology 18 < 45 years	702	720	1,422	166	219	193
754	Diag Inv Ophthalmology 45 + years	4,857	4,572	9,429	171	177	174
755	Management Ophthalmology 0 < 12 years	4,352	4,216	8,568	83	88	85
756	Management Ophthalmology 12 < 18 years	1,313	1,206	2,519	79	80	79

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
757	Management Ophthalmology 18 < 45 years	6,294	6,613	12,907	83	85	84
758	Management Ophthalmology 45 + years	19,821	19,364	39,185	97	99	98
801	Diag Inv Psychiatry	528	680	1,208	356	354	355
802	Management Psychiatry	28,119	22,543	50,662	126	170	145
803	Drug & Alcohol Related Conditions	3,814	4,271	8,085	247	260	254
851	Diag Inv General Respiratory < 18 years	5,222	5,326	10,548	285	272	278
852	Diag Inv General Respiratory 18 + years	11,212	11,049	22,261	352	338	345
853	Management General Respiratory 0 < 1.5 years	3,126	3,126	6,252	144	132	138
854	Management General Respiratory 1.5 < 6 years	5,444	4,772	10,216	145	135	140
855	Management General Respiratory 6 < 18 years	4,364	4,542	8,906	137	137	137
856	Management General Respiratory 18 < 65 years	6,301	7,506	13,807	140	142	141
857	Management General Respiratory 65 + years	3,128	2,899	6,027	184	224	203
863	Diag Inv Severe Respiratory Disease	667	584	1,251	446	448	447
864	Management Severe Respiratory Disease	671	595	1,266	276	274	275
901	Diag Inv Skin & Soft Tissue	4,213	4,544	8,757	240	261	251
902	Management Skin & Soft Tissue	32,731	37,792	70,523	88	87	87
906	Cellulitis	5,423	5,616	11,039	157	159	158
951	Diag Inv Systemic Infection	2,357	2,073	4,430	326	325	326
952	Management Systemic Infection < 18 years	6,912	6,826	13,738	120	119	119
953	Management Systemic Infection 18 < 45 years	1,165	1,160	2,325	125	142	133
954	Management Systemic Infection 45 + years	575	509	1,084	128	143	135
955	Diag Inv AIDS	134	156	290	354	395	376
956	Management AIDS	2,776	2,658	5,434	139	216	176
999	Ungroupable	196	246	442	168	220	197
1001	Open Fracture Fingers & Toes	78	96	174	227	293	264
1002	Closed Fracture Fingers & Toes	2,371	2,530	4,901	130	156	143
1003	Fractured Nose, Open & Closed	391	394	785	146	158	152
1004	Open Fracture & Dislocations Other	517	549	1,066	275	284	280
1005	Closed Fracture & Dislocations Other	13,622	14,910	28,532	241	253	247
1007	Open Wounds without Complications	4,883	6,868	11,751	117	115	115
1008	Open Wound with Complications	937	974	1,911	148	149	148
1009	Sprains	14,602	18,689	33,291	158	174	167

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code*	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
1010	Contusions Fingers/Toes	1,115	1,362	2,477	124	143	135
1011	Contusions except Fingers/Toes	10,013	11,142	21,155	158	166	162
1012	Open Wound Eye	284	329	613	97	109	103
1013	Foreign Body Eyes, Ears, Nose	813	1,133	1,946	84	88	87
1014	Foreign Body except Eyes, Ears, Nose	930	876	1,806	196	200	198
1015	Diag Inv Poisoning	379	359	738	477	456	467
1016	Management Poisoning	3,965	4,376	8,341	246	227	236
1017	Amputation except Fingers/Toes	2	5	7	220	445	381
1018	Abuse/Sexual Assault 0 < 12 years	351	270	621	451	621	525
1019	Abuse/Sexual Assault 12+ years	364	251	615	297	313	304
1020	Burn Moderate to Severe	173	172	345	118	119	118
1021	Minor Other Injuries	7,452	8,923	16,375	163	167	165
1022	Moderate Other Injuries	1,220	1,513	2,733	539	416	471
1024	Comas	34	17	51	316	419	351
1025	Shock	262	271	533	229	200	214
1026	Open Spinal Fracture & Dislocation	1		1	565		565
1027	Closed Spinal Fracture & Dislocation	301	341	642	355	340	347
1028	Diag Inv Head Injury	585	780	1,365	312	303	307
1029	Management Head Injury	2,669	3,216	5,885	119	96	107
1030	Diag Inv Thoraco-Abdominal & Major Vascular	174	159	333	399	403	401
1031	Management Thoraco-Abdominal & Major Vascular	1,187	1,110	2,297	127	123	125
1032	Burn Minor 0 < 6 years	310	342	652	121	104	112
1033	Burn Minor 6 + years	1,133	1,320	2,453	98	93	95
1034	Diag Inv Major Other Injuries	36	41	77	365	360	362
1035	Management Major Other Injuries	162	145	307	375	258	319
1051	Assessment Referral	1,184	1,027	2,211	74	61	68
1052	Assessment Intake	7,904	5,606	13,510	255	291	270
1053	Assessment Collateral	85	55	140	193	158	179
1054	Legal Assessment Half Day			1			199
1055	Legal Assessment Full Day						
1056	Assessment Specialized	3,674	2,838	6,512	213	188	202
1057	Individual Therapy	23,802	30,910	54,712	107	90	97

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
1058	Crisis/Intervention Calls Telephone Crisis Calls			1			199
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call			1			199
1060	Couple Therapy	280	242	522	141	168	154
1061	Family Therapy	770	832	1,602	230	125	176
1062	Group Therapy	76,342	91,272	167,614	30	26	28
1063	ECT	187	1,244	1,431	230	261	257
1064	Medication Administration	6,916	7,901	14,817	168	156	161
1065	Patient Specific Consultations/Case Supervision	12,927	10,268	23,195	89	82	86
1066	Patient Specific Hearings			1			199
1067	Patient Specific Professional Reports and Applications			1			199
1068	Patient Specific Critical Incident Documentation			1			199
1069	Diagnostic Testing/Scoring Testing Type 1	88	163	251	184	137	153
1070	Diagnostic Testing/Scoring Testing Type 2	189	207	396	495	399	444
1071	Diagnostic Testing/Scoring Testing Type 3	61	65	126	1,260	958	1,104
1072	Therapeutic Milieu Programs Half Day	982	745	1,727	76	72	74
1073	Therapeutic Milieu Programs Full Day		10	10		635	635
1074	Mental Health Education 0-120 min	9,003	12	9,015	93	33	93
1075	Mental Health Education 121-240 min			1			199
1076	Mental Health Education 241-360 min						
1077	Mental Health Education 361-480 min						
1101	OT Group 1	16,757	14,876	31,633	18	19	19
1102	OT Group 2	14,443	15,952	30,395	44	46	45
1103	OT Group 3	4,459	4,478	8,937	63	67	65
1104	OT Group 4	17,718	16,478	34,196	151	149	150
1105	OT Group 5	1,541	1,063	2,604	172	197	182
1106	OT Group 6	740	444	1,184	322	376	342
1111	Physical Therapy Group 1	26,002	26,056	52,058	33	32	32
1112	Physical Therapy Group 2	30,759	30,157	60,916	48	49	48
1113	Physical Therapy Group 3	6,727	6,298	13,025	58	62	60
1114	Physical Therapy Group 4	19,727	17,157	36,884	109	111	110
1115	Physical Therapy Group 5	1,031	626	1,657	170	172	171
1116	Physical Therapy Group 6	424	251	675	302	276	292

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
1121	Recreational Therapy Group 1	5,577	6,701	12,278	21	16	18
1122	Recreational Therapy Group 2	4,368	4,166	8,534	46	36	41
1123	Recreational Therapy Group 3	325	194	519	66	51	60
1124	Recreational Therapy Group 4	1,566	1,162	2,728	103	97	101
1125	Recreational Therapy Group 5	82	32	114	181	124	165
1126	Recreational Therapy Group 6	24	12	36	274	166	238
1131	Speech-Language Pathology Group 1	4,135	3,979	8,114	27	35	31
1132	Speech-Language Pathology Group 2	5,962	6,928	12,890	58	70	64
1133	Speech-Language Pathology Group 3	134	199	333	82	85	84
1134	Speech-Language Pathology Group 4	8,423	8,553	16,976	202	178	190
1135	Speech-Language Pathology Group 5	3,545	3,504	7,049	339	312	326
1136	Speech-Language Pathology Group 6	373	238	611	482	415	456
1141	Audiology Group 1	824	115	939	158	43	144
1142	Audiology Group 2	1,642	1,779	3,421	73	84	79
1143	Audiology Group 3	3,851	5,151	9,002	295	242	265
1144	Audiology Group 4	216	84	300	643	463	593
1145	Audiology Group 5 - Cochlear Implant			1			272
1151	Resp Therapy Group 1	7,374	7,116	14,490	43	22	33
1152	Resp Therapy Group 2	9,916	6,757	16,673	87	45	70
1153	Resp Therapy Group 3	5,689	4,824	10,513	73	62	68
1154	Resp Therapy Group 4	8,548	7,255	15,803	156	141	149
1155	Resp Therapy Group 5	2,987	2,669	5,656	173	180	176
1156	Resp Therapy Group 6	2,807	3,321	6,128	322	375	350
1201	Clinical Nutrition Group 1	17,029	23,474	40,503	26	24	25
1202	Clinical Nutrition Group 2	11,014	12,173	23,187	59	62	60
1203	Clinical Nutrition Group 3	2,599	2,175	4,774	72	85	78
1204	Clinical Nutrition Group 4	10,294	10,124	20,418	167	166	166
1205	Clinical Nutrition Group 5	990	969	1,959	185	238	211
1206	Clinical Nutrition Group 6	327	223	550	302	355	323
1221	Social Work Group 1	12,914	12,399	25,313	48	60	54
1222	Social Work Group 2	8,772	7,320	16,092	107	129	117
1223	Social Work Group 3	1,389	854	2,243	188	194	191

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
1224	Social Work Group 4	1,169	536	1,705	323	334	327
1225	Social Work Group 5	121	63	184	407	379	397
1226	Social Work Group 6	27	9	36	648	604	637
1241	Psychology Group 1	7,090	8,466	15,556	48	67	58
1242	Psychology Group 2	2,971	2,848	5,819	142	212	176
1243	Psychology Group 3	681	508	1,189	230	264	245
1244	Psychology Group 4	2,710	2,391	5,101	475	557	514
1245	Psychology Group 5	293	116	409	637	689	652
1246	Psychology Group 6	126	22	148	1,521	776	1,410
1247	Psychology Group 7			1			1,410
1248	Psychology Group 8						
1249	Psychology Group 9						
2001	Critical Care Unit or O.R. with Secondary Diagnosis	654	688	1,342	362	354	358
2002	Critical Care Unit or O.R. without Secondary Diagnosis	1,073	1,074	2,147	469	466	468
2003	Other Unit with Secondary Diagnosis	8,072	9,171	17,243	287	271	278
2004	Other Unit without Secondary Diagnosis	11,564	12,101	23,665	268	256	262
2021	DOA	7	10	17	13	184	113
2022	Died During Visit	122	155	277	225	258	244
2023	Death - Organ Donor			1			199
2041	Patient Transferred with Secondary Diagnosis	1,045	1,217	2,262	401	268	329
2042	Patient Transferred without Secondary Diagnosis	1,010	1,238	2,248	341	248	290
2050	Diag Inv General Symptoms/Exam	9,958	7,907	17,865	262	289	274
2051	Management General Symptoms/Exam < 18 years	9,644	11,062	20,706	198	183	190
2052	Management General Symptoms/Exam 18 < 45 years	14,055	13,764	27,819	125	152	139
2053	Management General Symptoms/Exam 45 < 65 years	8,737	9,425	18,162	125	168	148
2054	Management General Symptoms/Exam 65+ years	8,679	13,407	22,086	174	175	174
2059	Prophylactic Vaccination	3,044	4,740	7,784	120	130	126
2060	Therapeutic Medical Counseling	7,471	8,693	16,164	157	151	154
2062	Preoperative Exam	33,017	30,646	63,663	204	216	210
2063	Private Practice Office Visit	945	3	948	48	138	48
2064	Therapy - No Intervention Code	9,927	10,213	20,140	121	133	127
2066	Contact/Carrier of Communicable Disease	228	283	511	89	116	104

N/A - Not applicable
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Schedule 5 – Ambulatory Care Yearly Comparisons

ACCS Code	Description	Costed Cases			Average Cost		
		2003/2004	2002/2003	Blended	2003/2004	2002/2003	Blended
2067	Health Hazard Related to Personal/Family History	1,072	1,304	2,376	1,593	975	1,254
2068	Routine Health Supervision	10,663	9,702	20,365	91	85	88
2069	Postsurgical Status	9,106	15,092	24,198	114	139	129
2070	Follow-up/Convalescence	18,253	17,154	35,407	80	75	78
2071	Screening Exam	4,108	4,381	8,489	180	201	191
2072	Screening Exam - Genetics						
2073	Genetic Counselling	1,922	1,958	3,880	1,017	908	962
2081	Non Registered Service Recipients						
2082	Mode of Service - Telephone	172,528	141,342	313,870	47	50	48
2099	Patient Left Without Being Seen	1,227	1,200	2,427	138	90	114

N/A - Not applicable
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Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
1.1	Nerve & Other, Local Anaesthetic	1.3409	1,298	529	1,138	234	0.39	91
1.2	Nerve & Other, General Anaesthetic	6.9807	1,282	801	1,584	1,393	0.42	583
1.3	Nerve & Other, Other Anaesthetic	4.9456	1,762	175	315	893	0.36	321
1.4	Nerve & Other, No Anaesthetic	0.6061	1,096	893	1,652	119	0.44	53
2	Spinal	2.4742	3,393	1,903	3,865	498	0.74	367
3	Nerve Injection	0.5011	1,628	913	1,672	102	1.08	110
4	Orbital & Other Eye	6.3961	3,962	1,507	2,893	1,212	0.64	777
5	Lens Interventions	2.9768	21,845	6,684	13,548	595	0.54	323
6	Iris & Other Eye	0.5493	534	428	861	99	1.80	179
7	Strabismus	6.1284	1,103	873	1,715	1,302	0.28	370
8	External Eye	1.1410	35,840	12,715	26,088	207	2.04	423
9	Bronch/Pharynx	5.7911	67	41	74	1,176	0.67	788
10	Tympanoplasty	6.2179	859	522	1,032	1,283	0.43	551
11	Sinus Interventions	7.2162	1,495	765	1,735	1,382	0.37	510
12	Other Sinus	5.2021	456	89	169	1,038	0.56	582
13	Tonsils & Adenoids 12+ years	4.5656	1,809	798	1,586	891	0.48	426
13.1	Tonsils & Adenoids 0 < 6 years	5.0450	717	485	1,089	1,084	0.28	305
13.2	Tonsils & Adenoids 6 < 12 years	5.2503	1,237	808	1,748	1,118	0.26	287
14	Nasal Interventions	3.0186	8,028	2,634	5,508	585	0.99	580
15	Other Respiratory	3.9553	590	229	466	795	0.86	681
16	External Ear 18 + years	1.1925	2,672	307	693	221	1.21	267
16.1	External Ear 0 < 1.5 years	3.0228	423	255	565	658	0.49	322
16.2	External Ear 1.5 < 6 years	2.8697	1,773	955	1,889	623	0.35	220
16.3	External Ear 6 < 12 years	2.7834	875	387	826	598	0.47	280
16.4	External Ear 12 < 18 years	2.3322	274	78	182	492	0.74	363
17	Respiratory Endoscopy - ENT	2.6100	5,689	2,909	5,160	521	0.80	416
18	Pacemaker Implant	27.6896	937	45	499	5,504	0.84	4,598
19	Cardiac Catheter 18 + years	6.1734	9,141	3,155	6,211	1,277	0.46	581
19.1	Cardiac Catheter 0 < 6 years	14.9791	63	54	116	3,173	0.40	1,256
19.2	Cardiac Catheter 6 < 18 years	13.6903	113	85	186	2,885	0.48	1,389

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
20	Angiography 18 + years	8.3470	3,957	2,297	4,675	1,697	0.69	1,171
20.1	Angiography 0 < 6 years	5.9827	4	3	7	1,263	0.60	753
20.2	Angiography 6 < 12 years	6.8926	10	10	18	1,464	0.43	625
20.3	Angiography 12 < 18 years	7.1442	31	24	57	1,476	0.78	1,144
21	Vascular Interventions 18 + years	5.2334	3,435	1,030	1,908	1,062	0.65	693
21.1	Vascular Interventions 0 < 18 years	4.8231	127	100	181	1,022	0.60	616
22	Other Vascular Interventions	5.9459	1,320	680	1,557	1,025	0.59	600
23.1	Lymphatic Interventions, Local Anaesthetic	1.3736	86	12	27	251	0.47	117
23.2	Lymphatic Interventions, General Anaesthetic	9.3577	615	398	835	1,910	0.44	842
23.3	Lymphatic Interventions, Other Anaesthetic	4.9044	132	56	83	966	0.38	372
23.4	Lymphatic Interventions, No Anaesthetic	1.2430	180	102	226	245	0.83	203
24	Minor Vascular	1.1449	7,302	2,349	4,673	219	1.15	251
25	Cholecystectomy	8.4163	2,851	1,558	3,378	1,549	0.35	538
26	Hernia	6.9566	6,227	3,158	6,207	1,331	0.33	434
27	ERCP	4.2375	2,418	984	1,976	870	0.54	473
28.1	Endoscopy GI - Low	2.4505	2,018	966	1,993	496	0.67	333
28.2	Endoscopy GI - Medium	2.0394	57,185	23,562	47,543	400	0.61	243
28.3	Endoscopy GI - High	2.2757	6,997	2,920	5,708	446	0.56	251
29.1	Ano-Rectal Interventions, Local Anaesthetic	1.0233	235	36	74	186	0.71	133
29.2	Ano-Rectal Interventions, General Anaesthetic	5.1289	1,055	481	918	981	0.33	327
29.3	Ano-Rectal Interventions, Other Anaesthetic	2.6144	2,229	898	1,698	511	0.58	295
29.4	Ano-Rectal Interventions, No Anaesthetic	0.9145	502	206	384	175	0.63	111
30.1	Minor Anal Interventions, Local Anaesthetic	0.7553	375	125	249	145	0.65	94
30.2	Minor Anal Interventions, General Anaesthetic	5.2809	374	189	354	1,105	0.42	463
30.3	Minor Anal Interventions, Other Anaesthetic	2.8721	2,542	1,336	2,808	554	0.49	273
30.4	Minor Anal Interventions, No Anaesthetic	1.5085	3,016	1,130	2,452	285	0.79	224
31	Mechanical Implants	9.9075	61	41	83	2,049	0.43	883
32	Lithotripsy	3.6754	2,627	2,487	5,022	707	0.20	141
33	Upper Urinary Interventions	5.8043	1,508	875	1,668	1,133	0.58	655
34.1	Lower Uri & Genital	5.9740	1,619	1,073	2,112	1,211	0.47	571

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
34.2	Reconstruction, Vas Deferens	10.9119	113	34	64	2,154	0.44	954
35.1	Bladder & Urethral Interventions, Local Anaesthetic	1.2275	16,456	14,010	27,185	231	0.64	147
35.2	Bladder & Urethral Interventions, General Anaesthetic	4.6884	1,602	981	2,329	913	0.36	333
35.3	Bladder & Urethral Interventions, Other Anaesthetic	3.2200	2,611	991	2,106	632	0.55	346
35.4	Bladder & Urethral Interventions, No Anaesthetic	1.8448	15,840	5,363	10,297	363	0.78	283
36.1	Vasectomy	1.8315	2,937	1,213	2,549	340	0.74	250
36.2	Other Male Genital Interventions	5.6964	668	438	882	1,126	0.36	411
37	Circumcision 18 + years	4.7294	367	234	454	884	0.43	379
37.1	Circumcision 0 < 1.5 years	0.9281	2,513	1,059	2,095	182	0.91	167
37.2	Circumcision 1.5 < 6 years	4.3404	298	166	351	941	0.23	218
37.3	Circumcision 6 < 12 years	4.4589	194	130	274	933	0.27	250
37.4	Circumcision 12 < 18 years	4.9101	89	52	107	997	0.38	377
38	Uro Diagnostic Interventions	1.1898	5,237	3,280	6,531	252	0.30	76
39	Uterus & Adnexal Intervention	6.1003	5,622	2,527	5,312	1,162	0.43	496
40	Endo & Gyn Interventions	4.2566	7,811	2,843	5,836	795	0.39	308
41	Minor Gyn Interventions	1.1662	19,864	5,461	11,100	229	0.89	203
42	Evacuations	2.6789	14,368	2,786	6,099	525	0.46	240
43	Maxillo-Facial	7.2057	506	146	297	1,381	0.64	879
44	Chest Wall Interventions	5.6160	359	145	292	1,123	0.54	601
45.1	Upper Extremity Interventions	4.1366	1,266	472	959	788	0.77	605
45.2	Shoulder Interventions	9.4543	1,298	378	814	1,734	0.33	572
46	Open Reductions	7.6026	904	382	790	1,545	0.55	843
47	Tendon & Muscle Interventions	3.8174	4,033	1,351	2,737	750	0.90	677
48	Closed Reductions	1.8584	10,682	4,044	8,183	371	0.67	248
49	Lower Extremity	6.0521	166	89	187	1,189	0.53	626
50	Knee Interventions	6.1210	7,817	3,413	6,986	1,140	0.44	498
51	Ankle & Foot	6.4954	2,688	825	1,726	1,269	0.54	681
52.1	Remove Int Fixation, Lower Extremity	4.2301	2,208	751	1,497	822	0.66	541
52.2	Other Removal, Int Fixation	2.1053	1,624	724	1,363	416	1.05	438
53	Soft Tissue Interventions	2.6097	3,568	1,057	2,105	503	1.05	529

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
54	Manipulations	2.1011	208	66	209	421	0.79	331
55	Mastectomy	3.1671	3,095	746	1,683	599	0.92	554
56.1	Augment/Reduc Breast Bilateral	11.0809	1,273	664	1,372	2,264	0.27	602
56.2	Augment/Reduc Breast Unilateral	9.2170	412	180	347	1,854	0.39	715
57	Breast Plastic Interventions	5.0197	952	352	638	931	0.73	677
58.1	Ear & Cleft Lip Reconstruction	8.2548	35	25	51	1,660	0.44	730
58.2	Face Rhytidectomy	10.5409	106	10	26	2,082	0.56	1,173
58.3	Other Plastic Reconstruction	5.2700	3,559	860	1,756	1,092	0.69	755
59.1	Skin Interventions, Local Anaesthetic	0.7030	48,118	11,255	22,564	133	0.82	109
59.2	Skin Interventions, General Anaesthetic	5.6799	2,890	919	1,924	1,137	0.50	573
59.3	Skin Interventions, Other Anaesthetic	0.9797	10,254	1,873	3,818	195	0.80	156
59.4	Skin Interventions, No Anaesthetic	0.8272	42,599	6,127	15,617	158	0.77	121
60	Dental Surgery	5.9035	9,684	1,498	2,907	1,286	0.57	730
61.1	Biopsy, Other	3.7058	1,720	722	1,415	762	0.66	501
61.2	Biopsy, Percutaneous	3.5014	8,310	4,049	7,968	707	0.80	566
62	Hemodialysis	1.4309	186,677	94,889	181,275	300	0.41	123
62.1	Home Hemodialysis Teaching	6.8725	132		24	1,495	0.41	619
62.2	Selfcare Hemodialysis							
63	Transfusions	2.6106	8,925	4,086	8,069	516	0.69	358
64	Cardioversion	2.7215	1,421	590	1,212	542	1.04	564
65	Chemotherapy Oncology	1.6451	1,895	315	757	345	1.01	347
66	Myelogram	2.7396	199	34	95	561	0.47	262
68	Thyroid Interventions	9.2200	34	20	66	1,899	0.50	948
69	Parotid Duct Interventions	8.2482	67	23	46	1,656	0.93	1,543
70	Appendectomy	8.3117	76	13	24	1,633	0.37	612
71	Gastro-Intestinal Related Interventions	1.6688	2,272	1,190	2,273	309	0.80	246
72	Peritoneal Dialysis	2.0811	980	481	493	421	0.69	290
72.1	Home Peritoneal Dialysis Teaching	0.7360	3,861	3,508	3,644	149	1.04	155
73	Hos Visit Including Diagnostic Investigation of Vascular Sys	1.0843	1		1	358		
74	Hospital Visit Including Nuclear Imaging	3.7191	29,932	8,350	17,480	760	0.48	364

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
75	Hospital Visit Including CAT Scan	2.2197	120,342	49,412	96,869	446	0.75	335
76	Hospital Visit Including MRI	3.0085	54,131	34,315	67,035	573	0.50	286
77	Hopsital Visit Radiotherapy	1.7355	732	352	704	358	0.08	30
78	Chest Xray	0.4457	64,861	8,949	19,864	81	0.48	39
79	Other Xray	0.6522	159,066	23,620	50,016	119	0.83	98
80	Mammogram	0.9283	3,232		552	143	0.28	40
81	Ultrasound	1.5960	62,235	14,146	31,922	302	0.67	203
82.1	Extensive Sleep Studies	4.8648	1,603	1,264	2,546	1,020	0.20	206
82.2	Other Sleep Labs	1.1317	294	278	970	231	0.57	133
83	Inner Ear	8.8913	166	104	219	1,818	0.44	806
84	Hyperbaric Chamber	1.5677	2,135	1,264	2,376	326	0.44	144
99	Ungroupables - Based on Interventions	5.7513	177	87	201	1,171	0.77	904
201	Diag Inv General Cardiac 0 < 12 years	1.3020	320	191	430	270	0.53	143
203	Diag Inv General Cardiac 12 < 18 years	1.3082	321	142	335	265	0.53	142
205	Diag Inv General Cardiac 18+ years	1.5370	27,864	10,610	20,526	300	0.70	210
206	Management General Cardiac 0 < 1.5 years	0.5179	1,950	256	409	107	1.05	113
207	Management General Cardiac 1.5 < 12 years	0.5305	4,137	693	1,201	111	0.85	94
208	Management General Cardiac 12 < 18 years	0.5176	3,258	435	761	106	0.77	82
210	Management General Cardiac 18+ years	0.5447	125,878	28,603	56,131	109	0.96	105
213	Dysrhythmia & Conductive Disorders	1.2228	25,701	6,276	12,729	235	0.91	213
214	Congestive Heart Failure	1.1680	9,415	4,502	7,903	230	0.96	221
215	Inflammatory Cardiac	1.2943	308	102	185	254	0.90	227
216	Congenital Heart Disease	1.2348	3,715	1,782	3,944	261	0.75	195
217	Diag Inv Angina	2.5732	9,059	3,813	7,886	498	1.32	660
218	Management Angina	0.4206	16,966	9,019	18,116	91	1.19	108
219	Diag Inv Vascular	2.0222	2,382	751	1,501	398	0.56	222
220	Management Vascular	0.6880	11,459	2,492	4,791	131	0.97	127
251	Diag Inv General Endocrinal 0 < 18 years	1.0965	175	128	265	231	0.72	167
254	Diag Inv General Endocrinal 18 + years	2.0655	227	84	194	408	0.63	255
255	Management General Endocrinal 0 < 1.5 years	0.4476	624	263	536	92	1.25	115

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ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
256	Management General Endocrinal 1.5 < 6 years	0.4664	688	306	616	98	1.32	130
257	Management General Endocrinal 6 < 18 years	0.3149	1,420	614	1,206	65	1.20	79
258	Management General Endocrinal 18 + years	0.3659	12,140	4,422	8,618	70	0.98	69
259	Management Diabetes < 18 years	1.0364	7,326	2,225	4,583	217	0.57	124
260	Management Diabetes 18 + years	0.5807	32,239	16,324	35,843	114	0.91	104
262	Thyrotoxicosis	0.3107	1,391	1,016	1,912	63	1.08	68
264	Management Ketoacidosis	2.1580	384	142	271	427	0.52	222
266	Fluid & Electrolyte < 6 years	1.6210	635	384	870	340	0.44	150
267	Fluid & Electrolyte 6 + years	1.7072	6,081	2,119	4,518	335	0.69	232
301	Diag Inv General ENT	1.2183	10,271	3,802	7,547	233	0.50	116
303	Management General ENT	0.5956	145,606	22,139	47,713	116	2.29	266
305	Otitis Media	0.4553	40,236	7,072	15,232	89	0.78	70
306	Epistaxis	0.6359	3,687	817	1,870	124	0.87	108
351	Diag Inv General Female Genital Disorders < 45 years	3.1817	1,328	476	966	612	0.56	340
352	Diag Inv General Female Genital Disorders 45 + years	1.9884	217	121	220	380	0.95	361
353	Management General Female Genital Disorders < 18 years	0.7324	2,152	494	1,132	138	1.01	139
354	Management General Female Genital Disorders 18 < 45 years	0.5689	18,208	7,010	14,865	107	1.29	138
355	Management General Female Genital Disorders 45 + years	0.5380	7,114	2,009	4,465	101	1.02	103
356	Management Contraceptive	0.5276	8,654	2,286	4,975	105	1.39	145
357	Diag Inv General Male Genital Disorders < 18 years	1.7881	154	107	211	378	0.44	165
358	Diag Inv General Male Genital Disorders 18 + years	1.9284	473	185	399	369	0.54	201
359	Management General Male Genital Disorders < 18 years	0.4689	2,290	694	1,520	96	1.03	99
360	Management General Male Genital Disorders 18 + years	0.4507	6,071	1,725	3,768	84	1.29	109
361	Diag Inv Other Genitourological Disorders < 18 years	1.8128	702	310	634	367	0.70	258
362	Diag Inv Other Genitourological Disorders 18 + years	2.0281	8,614	2,596	5,417	382	0.55	209
363	Management Other Genitourological Disorders < 18 years	0.6689	12,205	3,328	6,656	137	1.11	151
364	Management Other Genitourological Disorders 18 + years	0.5991	71,229	20,687	37,936	117	1.45	170
400	Diag Inv General Gastrointestinal 0 < 1.5 years	1.5081	747	435	984	311	0.53	165
401	Diag Inv General Gastrointestinal 1.5 < 6 years	1.4726	1,407	705	1,509	298	0.53	158
402	Diag Inv General Gastrointestinal 6 < 18 years	1.7064	3,773	1,902	3,935	341	0.56	190

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
403	Diag Inv General Gastrointestinal 18 < 45 years	2.3551	12,252	4,340	9,166	443	0.53	233
404	Diag Inv General Gastrointestinal 45 < 65 years	2.2633	7,112	2,531	5,006	428	0.48	207
405	Diag Inv General Gastrointestinal 65 + years	2.4431	6,706	2,218	4,688	466	0.47	217
406	Management General Gastrointestinal 0 < 1.5 years	0.5597	12,018	4,667	10,347	115	0.77	89
407	Management General Gastrointestinal 1.5 < 6 years	0.6171	12,928	4,405	9,773	127	0.82	104
408	Management General Gastrointestinal 6 < 18 years	0.6561	21,769	5,094	11,408	133	0.83	110
409	Management General Gastrointestinal 18 < 45 years	0.7811	71,879	13,528	28,761	146	1.13	164
410	Management General Gastrointestinal 45 < 65 years	0.6832	35,027	7,145	13,146	130	1.56	202
411	Management General Gastrointestinal 65 + years	0.7348	20,627	3,660	6,835	139	0.90	126
412	Constipation with Disimpaction	1.8603	79	33	80	354	0.71	253
413	GI Bleed/Perforation/Obstruction	1.7811	6,912	1,933	4,007	346	0.78	271
451	Diag Inv Hematological	2.1537	1,469	691	1,417	431	0.57	246
452	Management Hematological 0 < 6 years	0.9405	3,068	1,042	1,789	198	0.94	187
453	Management Hematological 6 < 12 years	1.0902	1,967	816	1,226	226	0.91	205
454	Management Hematological 12 < 18 years	1.2696	2,138	1,014	1,653	265	0.94	250
455	Management Hematological 18 < 65 years	0.9429	13,797	5,130	9,226	193	1.06	204
456	Management Hematological 65 + years	0.8582	6,831	2,194	3,816	175	1.10	193
501	Diag Inv Hepatobiliary	2.8711	3,771	1,514	3,058	554	0.45	248
502	Management Hepatobiliary	0.5364	16,798	5,680	10,200	104	1.22	128
551	Diag Inv Inflam Musculoskeletal 0 < 6 years	1.6240	42	19	81	347	0.76	263
553	Diag Inv Inflam Musculoskeletal 6 < 12 years	1.2023	116	38	97	254	0.52	132
554	Diag Inv Inflam Musculoskeletal 12 < 18 years	1.4559	191	51	133	303	1.29	392
555	Diag Inv Inflam Musculoskeletal 18 + years	1.4405	5,706	1,749	3,727	281	0.64	180
556	Diag Inv Other Musculoskeletal < 18 years	0.8077	21,547	7,629	15,831	160	0.51	81
557	Diag Inv Other Musculoskeletal 18 + years	0.8889	78,156	31,506	64,554	176	0.57	101
558	Management Inflam Musculoskeletal 0 < 6 years	0.5241	358	135	274	117	0.90	105
560	Management Inflam Musculoskeletal 6 < 12 years	0.4560	684	186	418	100	0.80	81
561	Management Inflam Musculoskeletal 12 < 18 years	0.4675	1,222	241	490	100	1.52	152
562	Management Inflam Musculoskeletal 18 + years	0.4085	34,200	11,118	21,450	81	1.18	95
563	Management Other Musculoskeletal < 18 years	0.3494	20,795	5,449	11,514	70	1.47	103

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ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
564	Management Other Musculoskeletal 18 + years	0.3167	118,377	39,098	75,749	61	1.41	86
565	Diag Inv Congenital Musculoskeletal Deformities	1.3956	243	47	77	303	0.90	273
566	Management Congenital Musculoskeletal Deformities	0.8489	1,659	312	587	183	1.29	237
567	Diag Inv Other Inflam Musculoskeletal	1.2530	2,808	766	1,647	234	0.62	146
568	Management Other Inflam Musculoskeletal	0.4564	12,734	2,307	4,881	86	1.27	109
569	Infectious Musculoskeletal	0.8488	2,530	1,527	2,974	173	1.31	227
601	Diag Inv General Neurology	1.5758	1,951	636	1,402	316	0.66	208
602	Management General Neurology 0 < 6 years	0.6176	3,024	1,044	1,997	140	1.20	168
603	Management General Neurology 6 < 12 years	0.7085	3,282	1,144	2,025	165	1.40	232
604	Management General Neurology 12 < 18 years	0.5867	2,644	591	1,047	131	1.44	189
605	Management General Neurology 18 < 65 years	0.6345	35,723	4,549	8,943	128	1.26	161
606	Management General Neurology 65 + years	0.8286	11,070	1,932	3,287	181	1.11	201
607	Migraine Headache	0.5644	25,873	4,339	10,261	106	0.79	83
608	Diag Inv Headache	1.4206	643	163	372	259	0.50	131
609	Management Headache	0.5585	17,713	3,712	7,720	104	0.90	94
610	Diag Inv Meningitis	2.1051	42	18	35	405	0.51	206
611	Management Meningitis	0.5991	348	172	265	123	1.02	125
612	Diag Inv Cerebrovascular	2.1078	3,258	609	1,301	407	0.50	203
613	Management Cerebrovascular	0.8509	14,245	4,092	7,700	171	0.83	142
614	Diag Inv Convulsions	1.7341	2,327	417	750	341	0.51	173
615	Management Convulsions	0.6239	15,646	6,130	10,718	133	1.01	134
616	Diag Inv Vertigo	1.9582	1,047	269	512	365	0.50	182
617	Management Vertigo	0.9075	10,560	2,125	4,459	174	0.77	133
651	Antepartum Routine	0.9213	28,119	902	2,793	156	0.97	151
652	Postpartum Routine	1.0498	1,215	618	1,419	192	0.69	132
653	Diag Inv Neonatal & Congenital	1.6829	224	113	262	348	0.52	182
654	Management Neonatal & Congenital	0.7141	3,493	862	2,103	152	1.09	165
656	Delivery with Postpartum Complications	0.6549	58	17	31	123	0.72	88
657	Delivery without PostpartumComplications	0.9494	62	4	31	182	1.28	232
658	Postpartum Conditions Outcomes Uncomplicated	0.6488	4,534	2,279	4,188	125	1.18	147

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ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
659	Diag Inv Pregnancy with Abortive	3.6016	1,209	328	702	692	0.36	251
660	Management Pregnancy with Abortive Outcomes Uncomp	1.1653	2,493	572	1,403	218	0.63	137
662	Diag Inv Antepartum	1.8504	5,861	3,952	7,500	370	0.50	186
663	Management Antepartum	0.7444	49,590	16,484	32,795	144	0.98	141
664	Diag Inv Pregnancy with Abortive Outcomes Complica	3.5728	218	65	120	701	0.35	248
665	Management Pregnancy with AbortiveOutcomes Complic	1.2925	469	118	260	242	0.68	164
701	Diag Inv Oncological	2.1982	1,826	500	1,048	429	0.66	282
702	Management Oncological	0.7010	14,425	3,241	5,439	140	1.46	205
703	Radiotherapy (includes diagnosis code V58.0)	0.5183	27		2	89	0.09	8
704	IV Therapy -- Non Cancer Related	0.6161	159,809	41,091	73,244	116	1.11	129
751	Diag Inv Ophthalmology 0 < 12 years	1.0633	117	95	206	211	0.72	152
752	Diag Inv Opthalmology 12 < 18 years	0.9977	90	81	151	193	0.98	189
753	Diag Inv Ophthalmology 18 < 45 years	0.9875	831	702	1,422	193	1.22	235
754	Diag Inv Ophthalmology 45 + years	0.8733	5,132	4,857	9,429	174	0.44	76
755	Management Ophthalmology 0 < 12 years	0.4158	10,970	4,352	8,568	85	0.79	67
756	Management Ophthalmology 12 < 18 years	0.4030	3,208	1,313	2,519	79	1.11	88
757	Management Ophthalmology 18 < 45 years	0.4448	15,200	6,294	12,907	84	1.25	105
758	Management Ophthalmology 45 + years	0.5284	28,126	19,821	39,185	98	0.94	92
801	Diag Inv Psychiatry	1.8112	1,811	528	1,208	355	0.58	205
802	Management Psychiatry	0.6824	71,811	28,119	50,662	145	1.24	180
803	Drug & Alcohol Related Conditions	1.3078	13,738	3,814	8,085	254	0.69	175
851	Diag Inv General Respiratory < 18 years	1.3897	11,810	5,222	10,548	278	0.48	133
852	Diag Inv General Respiratory 18 + years	1.8296	37,855	11,212	22,261	345	0.54	187
853	Management General Respiratory 0 < 1.5 years	0.6661	9,690	3,126	6,252	138	0.74	102
854	Management General Respiratory 1.5 < 6 years	0.6771	15,529	5,444	10,216	140	0.74	104
855	Management General Respiratory 6 < 18 years	0.6743	15,307	4,364	8,906	137	0.74	101
856	Management General Respiratory 18 < 65 years	0.7364	45,693	6,301	13,807	141	0.81	115
857	Management General Respiratory 65 + years	1.0141	14,409	3,128	6,027	203	0.69	140
863	Diag Inv Severe Respiratory Disease	2.1810	1,510	667	1,251	447	0.45	200
864	Management Severe Respiratory Disease	1.2786	2,845	671	1,266	275	0.54	148

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ACCS Code	Description	SWRV	2003/2004 Activity	Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
901	Diag Inv Skin & Soft Tissue	1.2890	13,475	4,213	8,757	251	0.60	151
902	Management Skin & Soft Tissue	0.4486	154,667	32,731	70,523	87	1.19	104
906	Cellulitis	0.8168	20,482	5,423	11,039	158	1.03	162
951	Diag Inv Systemic Infection	1.6601	5,039	2,357	4,430	326	0.58	189
952	Management Systemic Infection < 18 years	0.5902	17,913	6,912	13,738	119	0.69	83
953	Management Systemic Infection 18 < 45 years	0.7055	5,371	1,165	2,325	133	0.86	115
954	Management Systemic Infection 45 + years	0.6976	2,234	575	1,084	135	0.99	134
955	Diag Inv AIDS	1.8223	151	134	290	376	0.74	278
956	Management AIDS	0.8411	6,601	2,776	5,434	176	1.02	179
999	Ungroupable	0.9765	2,509	196	442	197	0.93	183
1001	Open Fracture Fingers & Toes	1.3272	397	78	174	264	0.52	138
1002	Closed Fracture Fingers & Toes	0.7535	7,818	2,371	4,901	143	0.61	88
1003	Fractured Nose, Open & Closed	0.8010	1,653	391	785	152	0.76	116
1004	Open Fracture & Dislocations Other	1.4328	1,744	517	1,066	280	0.75	209
1005	Closed Fracture & Dislocations Other	1.2699	53,494	13,622	28,532	247	0.76	189
1007	Open Wounds without Complications	0.6046	28,159	4,883	11,751	115	0.91	105
1008	Open Wound with Complications	0.7789	4,391	937	1,911	148	0.98	145
1009	Sprains	0.8973	69,913	14,602	33,291	167	0.65	108
1010	Contusions Fingers/Toes	0.7364	6,134	1,115	2,477	135	0.51	69
1011	Contusions except Fingers/Toes	0.8736	42,709	10,013	21,155	162	0.78	128
1012	Open Wound Eye	0.5269	1,120	284	613	103	0.95	98
1013	Foreign Body Eyes, Ears, Nose	0.4511	5,185	813	1,946	87	0.77	66
1014	Foreign Body except Eyes, Ears, Nose	0.9875	2,607	930	1,806	198	0.78	154
1015	Diag Inv Poisoning	2.4008	1,040	379	738	467	0.63	294
1016	Management Poisoning	1.2038	14,019	3,965	8,341	236	0.83	195
1017	Amputation except Fingers/Toes	1.8126	17	2	7	381	0.81	307
1018	Abuse/Sexual Assault 0 < 12 years	2.4969	441	351	621	525	0.95	496
1019	Abuse/Sexual Assault 12+ years	1.5499	878	364	615	304	0.92	278
1020	Burn Moderate to Severe	0.6052	678	173	345	118	0.99	117
1021	Minor Other Injuries	0.8506	31,059	7,452	16,375	165	0.90	149

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ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
1022	Moderate Other Injuries	2.3034	4,477	1,220	2,733	471	2.68	1,260
1024	Comas	1.8195	158	34	51	351	0.64	224
1025	Shock	1.0684	826	262	533	214	0.64	138
1026	Open Spinal Fracture & Dislocation	2.6743	7	1	1	565		
1027	Closed Spinal Fracture & Dislocation	1.8399	1,728	301	642	347	0.63	220
1028	Diag Inv Head Injury	1.5913	3,621	585	1,365	307	0.59	181
1029	Management Head Injury	0.5158	10,807	2,669	5,885	107	0.84	89
1030	Diag Inv Thoraco-Abdominal & Major Vascular	2.0752	707	174	333	401	0.64	257
1031	Management Thoraco-Abdominal & Major Vascular	0.6679	4,938	1,187	2,297	125	1.07	134
1032	Burn Minor 0 < 6 years	0.5440	1,127	310	652	112	0.73	82
1033	Burn Minor 6 + years	0.5024	6,614	1,133	2,453	95	0.89	85
1034	Diag Inv Major Other Injuries	1.8337	111	36	77	362	0.52	187
1035	Management Major Other Injuries	1.4114	391	162	307	319	1.23	392
1051	Assessment Referral	0.3412	1,272	1,184	2,211	68	0.97	65
1052	Assessment Intake	1.3237	15,340	7,904	13,510	270	0.71	192
1053	Assessment Collateral	0.9140	1,297	85	140	179	0.79	141
1054	Legal Assessment Half Day	0.6027	510		1	199		
1055	Legal Assessment Full Day							
1056	Assessment Specialized	1.0927	5,246	3,674	6,512	202	1.06	213
1057	Individual Therapy	0.4731	101,975	23,802	54,712	97	0.96	93
1058	Crisis/Intervention Calls Telephone Crisis Calls	0.6027	155		1	199		
1059	Crisis/Intervention Calls Mobile Crisis Intervention Call	0.6027	1,010		1	199		
1060	Couple Therapy	0.7480	1,419	280	522	154	0.57	87
1061	Family Therapy	0.8605	3,045	770	1,602	176	0.88	154
1062	Group Therapy	0.1353	203,665	76,342	167,614	28	1.07	30
1063	ECT	1.2864	2,335	187	1,431	257	0.53	136
1064	Medication Administration	0.7726	24,449	6,916	14,817	161	0.53	85
1065	Patient Specific Consultations/Case Supervision	0.4445	31,566	12,927	23,195	86	1.08	93
1066	Patient Specific Hearings	0.6027	12		1	199		
1067	Patient Specific Professional Reports and Applications	0.6027	2,023		1	199		

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
1068	Patient Specific Critical Incident Documentation	0.6027	22		1	199		
1069	Diagnostic Testing/Scoring Testing Type 1	0.7812	627	88	251	153	0.83	128
1070	Diagnostic Testing/Scoring Testing Type 2	2.2084	455	189	396	444	0.48	215
1071	Diagnostic Testing/Scoring Testing Type 3	5.3447	476	61	126	1,104	0.32	356
1072	Therapeutic Milieu Programs Half Day	0.3574	11,638	982	1,727	74	0.51	38
1073	Therapeutic Milieu Programs Full Day	2.9167	9		10	635	0.14	86
1074	Mental Health Education 0-120 min	0.3907	9,927	9,003	9,018	93	1.11	104
1075	Mental Health Education 121-240 min	0.6027	710		1	199		
1076	Mental Health Education 241-360 min							
1077	Mental Health Education 361-480 min							
1101	OT Group 1	0.0827	40,534	16,757	31,633	19	0.65	12
1102	OT Group 2	0.2076	46,038	14,443	30,395	45	1.34	61
1103	OT Group 3	0.3146	15,892	4,459	8,937	65	0.75	49
1104	OT Group 4	0.6632	56,402	17,718	34,196	150	1.13	169
1105	OT Group 5	0.8528	10,799	1,841	2,604	182	0.87	158
1106	OT Group 6	1.5374	3,867	740	1,184	342	0.62	211
1111	Physical Therapy Group 1	0.1465	357,690	26,002	52,058	32	0.98	32
1112	Physical Therapy Group 2	0.2351	308,745	30,759	60,916	48	0.59	28
1113	Physical Therapy Group 3	0.3012	52,623	6,727	13,025	60	0.45	27
1114	Physical Therapy Group 4	0.5068	139,851	19,727	36,884	110	0.67	73
1115	Physical Therapy Group 5	0.7901	10,610	1,031	1,657	171	0.55	94
1116	Physical Therapy Group 6	1.2734	2,161	424	675	292	0.56	164
1121	Recreational Therapy Group 1	0.0776	8,460	5,577	12,278	18	0.48	8
1122	Recreational Therapy Group 2	0.1736	6,229	4,368	8,534	41	0.35	15
1123	Recreational Therapy Group 3	0.2545	716	325	519	60	0.33	20
1124	Recreational Therapy Group 4	0.4252	2,715	1,566	2,728	101	0.50	50
1125	Recreational Therapy Group 5	0.6844	245	82	114	165	0.35	57
1126	Recreational Therapy Group 6	0.9806	62	24	36	238	0.35	84
1131	Speech-Language Pathology Group 1	0.1319	70,048	4,135	8,114	31	0.98	30
1132	Speech-Language Pathology Group 2	0.2721	124,225	5,962	12,890	64	0.63	40

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
1133	Speech-Language Pathology Group 3	0.3702	6,164	134	333	84	0.38	32
1134	Speech-Language Pathology Group 4	0.8029	101,332	8,423	16,976	190	0.77	147
1135	Speech-Language Pathology Group 5	1.4093	38,824	3,545	7,049	326	0.76	248
1136	Speech-Language Pathology Group 6	2.0299	2,238	373	611	456	0.67	308
1141	Audiology Group 1	0.8415	3,723	824	939	144	0.51	74
1142	Audiology Group 2	0.3932	6,055	1,642	3,421	79	0.27	21
1143	Audiology Group 3	1.2399	11,303	3,851	9,002	265	0.72	192
1144	Audiology Group 4	2.6092	255	216	300	593	0.54	318
1145	Audiology Group 5 - Cochlear Implant	0.8238	361		1	272		
1151	Resp Therapy Group 1	0.1705	15,139	7,374	14,490	33	2.14	71
1152	Resp Therapy Group 2	0.3630	30,055	9,916	16,673	70	1.38	96
1153	Resp Therapy Group 3	0.3586	15,356	5,689	10,513	68	0.82	56
1154	Resp Therapy Group 4	0.7513	27,065	8,548	15,803	149	0.81	121
1155	Resp Therapy Group 5	0.9175	6,070	2,987	5,656	176	0.69	122
1156	Resp Therapy Group 6	1.7630	4,272	2,807	6,128	350	0.68	239
1201	Clinical Nutrition Group 1	0.1221	27,024	17,029	40,503	25	0.80	20
1202	Clinical Nutrition Group 2	0.2969	29,962	11,014	23,187	60	0.57	34
1203	Clinical Nutrition Group 3	0.3772	6,836	2,599	4,774	78	0.52	40
1204	Clinical Nutrition Group 4	0.8106	23,497	10,294	20,418	166	0.60	99
1205	Clinical Nutrition Group 5	1.0327	3,120	990	1,959	211	0.75	158
1206	Clinical Nutrition Group 6	1.5459	877	327	550	323	0.61	196
1221	Social Work Group 1	0.2434	22,851	12,914	25,313	54	0.81	44
1222	Social Work Group 2	0.5434	22,603	8,772	16,092	117	0.71	83
1223	Social Work Group 3	0.9068	4,522	1,389	2,243	191	0.51	97
1224	Social Work Group 4	1.4352	2,232	1,169	1,705	327	0.52	170
1225	Social Work Group 5	1.8773	549	121	184	397	0.45	178
1226	Social Work Group 6	2.8590	67	27	36	637	0.35	225
1241	Psychology Group 1	0.2452	13,411	7,090	15,556	58	1.02	60
1242	Psychology Group 2	0.7622	9,453	2,971	5,819	176	0.66	116
1243	Psychology Group 3	1.0695	1,978	681	1,189	245	0.49	120

Schedule 6 – Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	Blended Costed Cases	Average Cost	Coefficient of Variation	Standard Deviation
1244	Psychology Group 4	2.1556	4,373	2,710	5,101	514	0.59	305
1245	Psychology Group 5	2.7595	532	293	409	652	0.63	411
1246	Psychology Group 6	6.4540	167	126	148	1,410	0.74	1,037
1247	Psychology Group 7	4.2704	66		1	1,410		
1248	Psychology Group 8							
1249	Psychology Group 9							
2001	Critical Care Unit or O.R. with Secondary Diagnosis	1.8192	3,242	654	1,342	358	1.41	506
2002	Critical Care Unit or O.R. without Secondary Diagnosis	2.3908	4,389	1,073	2,147	468	1.50	700
2003	Other Unit with Secondary Diagnosis	1.3903	40,405	8,072	17,243	278	0.69	192
2004	Other Unit without Secondary Diagnosis	1.3147	56,372	11,564	23,665	262	0.83	218
2021	DOA	0.5831	509	7	17	113	2.60	295
2022	Died During Visit	1.3057	590	122	277	244	2.64	645
2023	Death - Organ Donor	0.6027	9		1	199		
2041	Patient Transferred with Secondary Diagnosis	1.7936	8,840	1,045	2,262	329	0.87	288
2042	Patient Transferred without Secondary Diagnosis	1.5772	7,131	1,010	2,248	290	0.98	283
2050	Diag Inv General Symptoms/Exam	1.3704	14,807	9,958	17,865	274	0.63	172
2051	Management General Symptoms/Exam < 18 years	0.8581	22,241	9,644	20,706	190	1.64	311
2052	Management General Symptoms/Exam 18 < 45 years	0.6919	43,446	14,055	27,819	139	1.11	153
2053	Management General Symptoms/Exam 45 < 65 years	0.7254	29,312	8,737	18,162	148	1.11	164
2054	Management General Symptoms/Exam 65+ years	0.8126	27,120	8,679	22,086	174	1.38	241
2059	Prophylactic Vaccination	0.6535	17,554	3,044	7,784	126	0.95	120
2060	Therapeutic Medical Counseling	0.7666	71,984	7,471	16,164	154	1.29	198
2062	Preoperative Exam	1.0743	85,487	33,017	63,663	210	0.79	165
2063	Private Practice Office Visit	0.2381	15,466	945	948	48	1.03	50
2064	Therapy - No Intervention Code	0.6376	63,292	9,927	20,140	127	1.20	152
2066	Contact/Carrier of Communicable Disease	0.5398	2,003	228	511	104	1.38	143
2067	Health Hazard Related to Personal/Family History	6.0604	13,731	1,072	2,376	1,254	1.42	1,784
2068	Routine Health Supervision	0.4415	13,987	10,663	20,365	88	1.65	145
2069	Postsurgical Status	0.6410	71,159	9,106	24,198	129	1.13	146
2070	Follow-up/Convalescence	0.3769	43,116	18,253	35,407	78	1.71	133

Schedule 6 -- Ambulatory Care Statistical Background

ACCS Code	Description	SWRV	2003/2004 Activity	2003/2004 Costed Cases	2003/2004 Blended Costed Cases	2003/2004 Average Cost	2003/2004 Coefficient of Variation	2003/2004 Standard Deviation
2071	Screening Exam	0.9217	10,739	4,108	8,489	191	0.67	128
2072	Screening Exam - Genetics							
2073	Genetic Counselling	4.5961	1,924	1,922	3,880	962	0.73	707
2081	Non Registered Service Recipients		642					
2082	Mode of Service - Telephone	0.2333	345,938	172,528	313,870	48	1.45	70
2099	Patient Left Without Being Seen	0.5529	7,676	1,227	2,427	114	0.90	103

Appendix

Cost Weight Development

The process used by Alberta Health and Wellness to develop cost weights or relative values for each of the inpatient and ambulatory care groups is based on the hospital specific relative value methodology.

Calculating relative values adjusts for differences in utilization patterns and pricing (costing) between facilities. Because this allows for easy combining of data from different provinces and across years, it produces a set of relative values that do not require complex adjustments to make the data comparable. This method first calculates the hospital specific relative value (HSRV) for each group (ACCS cell, CMG, or PIx group) for each hospital, then derives an initial system wide (including all hospitals) relative value (SWRV), and finally calculates a case mix index (CMI). While the steps below are based on ambulatory care calculations, a similar process is undertaken for the inpatient data.

HSRV - Step 1

Raw costing information is received from the costing regions and processed at Alberta Health and Wellness. An average cost per case is calculated for each ACCS cell. These costs are then available as input into the relative value calculation process.

		Hospital A		Hospital B		Province-Wide	
ACCS #	Description	Cases	Average Cost $	Cases	Average Cost $	Cases	Average Cost $ (wtd avg.)
26	Hernia	2	$300.00	6	$450.00	8	$412.50
62	Hemodialysis	5	$200.00	10	$300.00	15	$266.67
1009	Sprains	9	$100.00	16	$150.00	25	$132.00
	Total Hospital	16	$156.25	32	$253.13	48	$220.84

HSRV - Step 2

The relative value calculation requires cost data by institution and by group. First, the average cost per case by ACCS code, by facility, is divided by the average cost for all cases in that facility (average institution case cost) to derive the HSRV for each ACCS cell. This allows us to look at the cost of an ACCS code relative to other ACCS codes in that facility rather than at the average cost.

		Hospital A		
ACCS #	Description	Cases	Average Cost $	Hospital Specific Relative Value (HSRV)
26	Hernia	2	$300.00	$300/$156.25=**1.92**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**
	Total Hospital	16	$156.25	N/A

HSRV - Step 3

The initial SWRVs are calculated for each ACCS code by taking a weighted average of the hospital specific relative values from each facility. For each facility, the number of cases in an ACCS cell is multiplied by the HSRV for that ACCS cell. Then, divide this result by the total number of cases in the system (province) for that particular ACCS code. The sum of the results of this calculation for all facilities is the initial SWRV.

		Hospital A			Province-Wide
ACCS #	Description	Cases	Average Cost $	Hospital Specific Relative Value (HSRV)	Initial System Wide Relative Value (ISWRV) (wtd.avg. Of HSRVs)
26	Hernia	2	$300.00	$300/$156.25=**1.92**	(1.92*2/8)+(1.78*6/8)=**1.8133**
62	Hemodialysis	5	$200.00	$200/$156.25=**1.28**	(1.28*5/15)+(1.19*10/15)=**1.2168**
1009	Sprains	9	$100.00	$100/$156.25=**0.64**	(0.64*9/25)+(0.59*16/25)=**0.6097**
	Total Hospital	16	$156.25	N/A	N/A

Note: Calculates a system wide relative measure of the value of an ACCS cell compared to other ACCS cells

This calculation filters out the differences in efficiencies between hospitals. This can occur if a hospital is a teaching hospital, and would typically incur higher costs per case, or if a hospital uses different technology in treating patients.

HSRV - Step 4

The CMI adjusts for differences in the case mix of treatments in a hospital. For example, if a hospital typically treats much more severe patients, the CMI will adjust the relative values to take that into account.

For each facility, the CMI is calculated by multiplying the SWRV for each ACCS cell by the number of cases in each cell for that facility. The resulting values are then summed. This total is then divided by the number of cases treated in that hospital, which results in the facility's CMI.

Case Mix Index = sum of adjusted value of cases (SWRV units)/actual number of cases = 15.1976/16 = **0.9498**

		Hospital A			
ACCS #	Description	Cases	Average Cost $	Initial System Wide Relative Value units = SWRV x # of cases	Adjusted Hospital Specific Relative Value (AHSRV)
26	Hernia	2	$300.00	1.8133*2=**3.6267**	1.92*0.9498=**1.8237**
62	Hemodialysis	5	$200.00	1.2168*5=**6.0840**	1.28*0.9498=**1.2158**
1009	Sprains	9	$100.00	0.6097*9=**5.4869**	0.64*0.9498=**0.6079**
	Total Hospital	16	$156.25	Total = **15.1976**	

Notes:

- Cases in Hosp A adjusted using average system wide relative values.
- Relative value of ACCS adjusted by case mix index for Hospital A

The HSRVs for each ACCS code by facility are then multiplied by that facility's CMI to give a new set of adjusted hospital specific relative values (AHSRVs). For each ACCS cell, these AHSRVs are then summed from all of the hospitals and divided by the total number of cases in each case group to derive a new set of SWRVs.

HSRV - Step 5

Steps 3 and 4 are repeated (weighting HSRVs, averaging HSRVs, and adjusting for case mix) until the difference between successive SWRVs is less than 1 per cent.

The final results of the HSRV process for the 2003/2004 inpatient and ambulatory care cost data are outlined in schedules 3 and 6. In these two schedules the results in the "average cost" columns are based on the same set of data used in the costing process to produce relative values (all exclusions, including trimming, are applied to the data).